National Practitioner Data Bank

2003 Annual Report

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Requests for copies of this report and information on the National Practitioner Data Bank should be directed to the Data Bank Customer Service Center, 1-800-767-6732. This report and other information are also available on the Internet World Wide Web at http://www.npdb-hipdb.com.

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NATIONAL PRACTITONER DATA BANK

2003 ANNUAL REPORT

Contents

A Snapshot of the NPDB for 2003 ..... ***1***

The NPDB's Policies, Operations, and Improvements ***5***

The NPDB Program: Protecting the Public 5

The NPDB: Proven Successful in Influencing Licensing and Privileging of Health Care Practitioners 11

The NPDB Improves Its Operations and Policies in 2003 13

Types of Reports: Medical Malpractice Payments ***17***

Malpractice Payment Reports Continue to Remain the Majority in the NPDB 17

Malpractice Payments: Physicians 19

Malpractice Payments: Nurses and Physician Assistants 20

States Vary in Malpractice Payment Amounts and Times from Incident to Payments 22

Three Issues – Corporate Shield, Federal Entity Policies, and Physician Residents – Affect Malpractice Payment Reporting 25

Types of Reports: Adverse Actions ***27***

NPDB Receives Many Reports on Adverse Actions 27

Under-reporting May Affect Numbers of Adverse Action Reports; States Vary in Reporting Activity 30

Multiple Reports ***33***

Physicians With Multiple Reports Also Tend to Have Other Types of Reports 33

Types of Practitioners Reported ***35***

Physicians, Dentists Are Reported Most Often to the NPDB 35

Querying ***36***

Querying Decreased Slightly in 2003; Match Rate Increased 36

NPDB Reporters and Queriers ***40***

Ensuring Accurate Reports: Secretarial Review 41
NPDB: Now and in the Future 45
The NPDB to Continue Improving Its Operations in 2004 45
Conclusion: NPDB Continues to Grow, Become More Useful 47
Statistical Index: List of Tables 51
Statistical Section: Tables 1-29 53

LIST OF FIGURES

Figure 1: Number and Type of Reports Received by the NPDB (1998-2003) 18

Figure 2: Percentage of Physicians with Number of Reports in the NPDB (1990-2003) 34

Figure 3: Queries by Querier Type (September 1, 1990-December 31, 2003) 36

Figure 4: Number of State Licensing Board Queries by Year (1998-2003) 38

A Snapshot of the NPDB for 2003

The National Practitioner Data Bank (NPDB) receives reports of malpractice payments and adverse actions concerning health care practitioners. In 2003, the majority of reports for the NPDB were medical malpractice payments for physicians, dentists, and other licensed practitioners. Most reports for adverse actions were for State licensure actions. Adverse actions include: licensure actions, clinical privileges actions affecting a practitioner's privileges for more than 30 days, Medicare/Medicaid Exclusion actions, professional society membership disciplinary actions, actions taken by the DEA concerning authorization to prescribe controlled substances, and revisions to such actions. All of these must be reported to the NPDB if they are taken against physicians and dentists. Since 1997, the NPDB has also received reports of Medicare/Medicaid Exclusions taken against all types of health care practitioners.

Almost nine out of ten reports (85.1 percent) are original, initial reports submitted by reporters. Correction reports, which have been changed by entities to correct errors in previous reports, account for 11.4 percent of reports. Revision to Action reports, which are reports concerning additional actions taken in relation to initially reported actions, account for 3.5 percent of reports. Revision to Action reports may concern "non-adverse actions" such as reinstatements and reversals of previous actions.

Health care entities and agencies authorized by law can "query" to obtain copies of reports on specific practitioners. Queries decreased after a small increase last year. About 13.7 percent of queries in 2003 showed the practitioner had a reported medical malpractice payment or adverse action.

These facts and others are explained in the following snapshot of the NPDB for 2003. This snapshot gives the most important details about the contents of the NPDB, which has maintained records of State licensure, clinical privileges, professional society membership, Medical/Malpractice Exclusions, and Drug Enforcement Agency (DEA) actions taken against health care practitioners and malpractice payments made for their benefit since September 1, 1990. The NPDB at the end of 2003 contained reports on 344,508 adverse actions and malpractice payments involving 205,732 individual practitioners. Below in more detail are further significant facts about the NPDB in 2003 and cumulatively.

Most 2003 reports were Medical Malpractice Payment Reports, most of them for physicians: During 2003, 71.7 percent of all new reports received concerned malpractice payments; cumulatively, they comprised 72.7 percent of all reports. During 2003, physicians were responsible for 80.4 percent of Malpractice Payment Reports, dentists 11.8 percent, and all other health care practitioners 7.7 percent. These figures are similar to percentages from previous years.

Adverse Action Reports[1], most for State licensure actions, decreased in 2003: The 7,490 Adverse Action Reports (State licensure, clinical privileges, professional society membership, Exclusions, and DEA actions) received during 2003 are 5.9 percent less than the number of Adverse Action Reports received by the NPDB during 2002. This decrease comes after an increase of 10.6 percent in 2002. The number of State Licensure Action Reports received decreased 0.9 percent from 2002 to 2003. During 2003, State Licensure Action Reports comprised 54.2 percent of all Adverse Action Reports and Clinical Privileges Action Reports comprised 13.3 percent. Adverse actions represent 27.3 percent of all reports received cumulatively and 28.3 percent (7,490 of 26,497) of all reports received by the NPDB during 2003.

Entity requests for information from the NPDB ("queries") decreased slightly in 2003, and total cumulative queries went over 32 million: Over its existence the NPDB has responded to over 32 million inquiries ("queries") from authorized organizations such as hospitals and managed care organizations (HMOs, PPOs, etc.), State licensing boards, professional societies, and individual practitioners (who obtain a copy of their own records). From 2002 to 2003 entity query volume decreased 1.2 percent, from 3,254,506 queries in 2002 to 3,214,081 queries in 2003. This decrease followed the 0.7 increase in queries from 2001 to 2002.

Most queries were voluntary and not required by law, and over half of voluntary queries came from Managed Care Organizations (MCOs): Hospitals are required by law to query. All other queries are voluntary. During 2003, 64.6 percent of queries were submitted by voluntary queriers; cumulatively well over half (59.6 percent) of the queries were voluntary. Of the voluntary queriers, MCOs were the most active, making 48.0 percent of all queries during 2003. Although they represented only 11.6 percent of all entities that had ever queried the NPDB, they had made 45.6 percent of all queries cumulatively. Over the NPDB's existence the increase in voluntary queries has been much larger than the increase in mandatory hospital queries.

In 2003 about one out of seven queries showed the practitioner had a reported medical malpractice payment or adverse action: When a query is submitted concerning a practitioner who has one or more reports, a "match" is made, and the querier is sent copies of the reports. During 2003, 13.7 percent of all entity queries resulted in a match (440,830 matches). Cumulatively, the match rate is 11.2 percent (3,595,255 matches). No match on a query means a practitioner has no reports in the NPDB. Since the NPDB has been collecting reports since 1990, a non-match response indicating that a practitioner has no reported payments or actions is valuable to queriers.

[1] "Adverse Action Reports" is a generic term for all licensure action, clinical privileges action, Exclusion action, DEA action, and professional society action reports. This includes reports of truly adverse actions (revocations, probations, suspensions, reprimands, etc.) reported in accordance with Sections 60.8 and 60.9 of the NPDB regulations (45 CFR Part 50) as well as reports for non-adverse "Revisions" (reinstatements, reductions of penalties, reversals of previous actions, restorations, etc.) reported under Section 60.6.

Physicians, most of whom only have one report, were predominant in the NPDB: Of the 205,732 practitioners reported to the NPDB, 69.0 percent were physicians (including M.D. and D.O. residents and interns), 13.5 percent were dentists, 7.9 percent were nurses and nursing-related practitioners, and 2.9 percent were chiropractors. About two-thirds of physicians with reports (67.1 percent) had only one report in the NPDB, 86.0 percent had two or fewer reports, 97.5 percent had five or fewer, and 99.6 percent had 10 or fewer. Few physicians had both Medical Malpractice Payment Reports and Adverse Action Reports. Only 2.2 percent had at least one report of both types.

Physicians had more reports per practitioner than any other practitioner group: Physicians had the highest average number (1.80) of reports per reported physician, and dentists, the second largest group of practitioners reported, had an average of 1.63 reports per reported dentist. Podiatrists and podiatric-related practitioners, who had 1.70 reports per reported practitioner, also had a high average of reports per practitioner as well as more than 6,000 total reports. Comparison between physicians and dentists and other types of practitioners, however, would be misleading since reporting of State licensure, clinical privileges, and professional society membership actions is required only for physicians and dentists.

Physicians had more than three-quarters of the malpractice payments in the NPDB*:* Physicians had 78.4 percent of the Malpractice Payment Reports cumulatively in the NPDB (196,299 reports), and they had 80.4 percent of payment reports in 2003 (15,289 reports). Physician Malpractice Payment Reports increased by five reports from 2002 to 2003; however, there were 8.2 percent fewer physician Malpractice Payment Reports in 2002 than there were in 2001. Dentists had 13.5 percent of Malpractice Payment Reports cumulatively in the NPDB (33,716 reports), and they had 11.8 percent of payment reports in 2003 (2,246 reports). Other practitioners had 8.1 percent of payment reports cumulatively (20,294 reports) and 7.7 percent of payment reports for 2003 (1,472 reports).

Average medical malpractice payment amounts for physicians in 2003 were higher than in previous years: The median and mean medical malpractice payment amounts for physicians in 2003 were $160,000 and $294,814, respectively. Cumulatively since 1990 for physicians the median amount was $100,000 ($118,203 adjusting for inflation to standardize payments made in prior years to 2003 dollars) and the mean amount was $220,106 (approximately $251,784 adjusting for inflation).[2]

Obstetrics-related medical malpractice payments for physicians continued to be higher than others, while miscellaneous payments were lower: During 2003, as in previous years, obstetrics-related cases, generating 8.1 percent of all 2003 physician Malpractice Payment Reports, had the highest median payment amounts ($290,000). This median payment was $25,000 more than in 2002. Miscellaneous incidents (1.1 percent of all reports) had the lowest median payments during 2003 ($40,000).

[2]Generally for malpractice payment data the median is a better indicator of the "average" or typical payment than is the mean since the mean is skewed by a few very large payments.

Mean delay between an incident and its physician malpractice payment decreased by more than a month*:* For 2003 physician medical malpractice payments, the mean delay between an incident that led to a payment and the payment itself was 4.59 years. This signifies a decrease of 51 days from 2002. The 2003 mean physician payment delay varied markedly between the States, as in previous years, and ranged from 2.98 years in California to 6.19 years in Massachusetts.

Over half of the hospitals registered with the NPDB had not reported a clinical privileges action: Of those hospitals currently in "active" registered status with the NPDB, 53.4 percent of the hospitals had never submitted a Clinical Privileges Action Report. This percentage has steadily decreased over the years. Additionally, over the history of the NPDB, there were nearly four times more State Licensure Action Reports than Clinical Privileges Action Reports. Clinical privilege reporting seemed to be concentrated in a few facilities even in States with comparatively high overall hospital clinical privileging reporting levels. The Health Resources and Services Administration (HRSA) continues its efforts to examine the low level of clinical privilege reporting.

Most reports were not disputed by practitioners: A practitioner about whom a report has been filed may dispute either the accuracy of the report or the fact that the report should have been filed. At the end of 2003, 4.0 percent (1,970) of all State Licensure Action Reports, 14.1 percent (1,758) of all Clinical Privileges Action Reports, and 3.6 percent (8,895) of all Malpractice Payment Reports in the NPDB were in dispute.

Few practitioners requested Secretarial Reviews, most of which were for adverse actions: If the disagreement (dispute) is not resolved between the practitioner and the reporter, the practitioner may ultimately request a review of the report by the Secretary of Health and Human Services. Only a few practitioners who disputed reports also requested Secretarial Review; there were 53 requests out of 12,947 disputed reports for Secretarial Review during 2003. Adverse actions comprised 92.5 percent of all 2003 requests for Secretarial Review and 63.0 percent of all requests cumulatively for Secretarial Review. This was in sharp contrast to the 28.3 percent of all reports represented by adverse actions in 2003 and the 27.3 percent of all Adverse Action Reports cumulatively.

Most Secretarial Review requests resulted in the report staying in the NPDB: Cumulatively, 16.1 percent, or 264 out of 1,636 cumulative requests for Secretarial Review, had resulted in positive outcomes for practitioners (which included the request being closed by an intervening action such as submission of a corrected report by the reporting entity, the Secretary changing the report, and the Secretary voiding the report). If the Secretary believes that a report should be corrected the reporting entity is asked to submit a correction. The Secretary changes reports only if the reporting entity fails to do so. Of the 53 requests for Secretarial Review received in 2003, 43 cases were resolved this year. Of these resolved requests, 9 were closed by intervening action (such as submission of a corrected report by the reporting entity), none were voided, and one was closed because the practitioner did not pursue review. The rest were unchanged and maintained as submitted.

The NPDB's Policies, Operations, and Improvements

The NPDB Program: Protecting the Public

The National Practitioner Data Bank (NPDB) has an important mission established by law – protecting the public by restricting the ability of unethical or incompetent practitioners to move from State to State without disclosure or discovery of previously damaging or incompetent performance. The following explains how this mission is accomplished and the rules and regulations under which the NPDB operates.

The NPDB and its mission were established by a law that also encourages the use of peer review: The National Practitioner Data Bank (NPDB) was established to implement the *Health Care Quality Improvement Act of 1986, Title IV of P.L. 99-660*, as amended (the HCQIA). Enacted November 14, 1986, the Act authorized the Secretary of Health and Human Services to establish a national data bank, the NPDB.

The HCQIA also includes provisions encouraging the use of peer review. Peer review bodies and their members are granted immunity from private damages if their review actions are conducted in good faith and in accordance with established standards. However, entities found not to be in compliance with certain NPDB reporting requirements may lose immunity for three years.

A division of the Federal government administers the NPDB and a contractor operates it, with input from an outside committee: During 2003 the Division of Practitioner Data Banks (DPDB) of the Bureau of Health Professions (BHPr), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (DHHS), was responsible for administering and managing the NPDB program. The NPDB itself is operated by a contractor, SRA International, Inc. (SRA), which began doing so in June 1995.[3] SRA created the Integrated Querying and Reporting Service (IQRS), an Internet reporting and querying system for the NPDB and the Healthcare Integrity and Protection Data Bank (HIPDB)[4].

[3]SRA replaced Unisys Corporation, which had operated the NPDB from its opening on September 1, 1990.

[4]The Healthcare Integrity and Protection Data Bank (HIPDB) is a flagging system run by the Federal government to flag or identify health care practitioners, providers, and suppliers involved in acts of health care fraud and abuse. The HIPDB includes information on final adverse actions taken against health care practitioners, providers, or suppliers. Information is restricted to Federal and State government agencies and health plans. The NPDB and HIPDB are both operated under the direction of the DPDB, and entities report to and query both data banks through the same Web site at www.npdb-hipdb.com.

An Executive Committee provides health care expertise for SRA on operations matters. The committee includes approximately 30 representatives from various health professions, national health organizations, State professional licensing bodies, malpractice insurers, and the public. It usually meets two times a year with both SRA and DPDB personnel.

The NPDB receives information about five different types of actions taken against practitioners: The NPDB is a central repository of information about: (1) malpractice payments made for the benefit of physicians, dentists, and other health care practitioners; (2) licensure actions taken by State medical boards and State boards of dentistry against physicians and dentists; (3) professional review actions primarily taken against physicians and dentists by hospitals and other health care entities, including health maintenance organizations, group practices, and professional societies; (4) actions taken by the Drug Enforcement Administration (DEA), and (5) Medicare/Medicaid Exclusions.[5] Information is collected from private and government entities, including the Armed Forces, located in the 50 States and all other areas under U.S. jurisdiction.[6]

The NPDB's information is accessible to certain health care entities and licensing boards for specific reasons: NPDB information is made available upon request to registered entities eligible to query (State licensing boards, professional societies, and other health care entities that conduct peer review, including HMOs, PPOs, group practices, etc.) or required to query (hospitals). These entities query about practitioners who currently have or are requesting licensure, clinical privileges, affiliation, or professional society membership.

The NPDB's information alerts health care organizations receiving it that they may want to look closer at a practitioner's record: The NPDB's information alerts querying entities of possible problems in a practitioner's past so they may further review a practitioner's background as needed. The NPDB augments and verifies, not replaces, other sources of information. It is a flagging system only, not a system designed to collect and disclose full records of reported incidents or actions. It also is important to note the NPDB does not have information on adverse actions taken or malpractice payments made before September 1, 1990, the date it opened. As reports accumulate over time, the NPDB's information becomes more extensive, and therefore more valuable.

NPDB information helps health care organizations make good licensing and credentialing decisions: Although the HCQIA does not allow release of practitioner-specific NPDB information to the public, the public does benefit from it. Licensing authorities and peer reviewers get information needed to identify possibly incompetent or unprofessional physicians, dentists, and other health care practitioners. They can use this information to make better licensing and credentialing decisions that protect the public.

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[5]Hospitals and other health care entities also may voluntarily report professional review (clinical privileges) actions taken against licensed health care practitioners other than physicians and dentists.

[6]In addition to the 50 States, the District of Columbia, and Armed Forces installations throughout the world, entities eligible to report and query are located in Puerto Rico, the Virgin Islands, American Samoa, Guam, and the Northern Mariana Islands.

The NPDB research program and public use file helps improve health care through analysis of data: In addition, to help the public better understand medical malpractice and disciplinary issues, the NPDB responds to individual requests for statistical information, conducts research, publishes articles, and presents educational programs. A Public Use File containing selected information from each NPDB report also is available.[7] This file can be used to analyze statistical information. For example, researchers could use the file to compare malpractice payments made for the benefit of physicians to those made for physician assistants in terms of numbers and dollar amounts of payments, and types of incidents leading to payments. Similarly, health care entities could use the file to identify problem areas in the delivery of services so they could target quality improvement actions toward them.

The NPDB receives required reports on "adverse" actions: Adverse Action Reports[8] must be submitted to the NPDB in several circumstances.

1. When a State medical board or State board of dentistry takes certain licensure disciplinary actions, such as revocation, suspension, voluntary surrender while under investigation, or restriction of a license, for reasons related to a practitioner's professional competence or conduct, a report must be sent to the NPDB. Revisions to previously reported actions also must be reported.

2. When a hospital, HMO, or other health care entity takes certain professional review actions that adversely affect for more than 30 days the clinical privileges of a physician or dentist, or when a physician or dentist voluntarily surrenders or restricts his or her clinical privileges while being investigated for possible professional incompetence or improper professional conduct or in return for an entity not conducting an investigation or reportable professional review action. Revisions to previously reported actions also must be reported. Clinical privileges actions also may be reported for health care practitioners other than physicians and dentists, but it is not required; revisions to these actions must be reported.

3. When a professional society takes a professional review action based on reasons related to professional competence or professional conduct that adversely affects a physician's or a dentist's membership, that action must be reported. Revisions to previously reported actions also must be reported. Such actions also may be reported for health care practitioners other than physicians or dentists.

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[7]Information identifying individual practitioners, patients, or reporting entities other than State licensing boards is not released to the public in either the Public Use File or in statistical reports. The Public Use File may be obtained from the NPDB Web site at www.npdb-hipdb.com. A detailed listing of the numbers and values for each variable is also available at www.npdb-hipdb.com.

[8] "Adverse Action Reports" is a generic term for all licensure action, clinical privileges action, Exclusion action, DEA action, and professional society action reports. This includes reports of truly adverse actions (revocations, probations, suspensions, reprimands, etc.) reported in accordance with Sections 60.8 and 60.9 of the NPDB regulations as well as reports for non-adverse "Revisions" (reinstatements, reductions of penalties, reversals of previous actions, restorations, etc.) reported under Section 60.6.

4. When the DEA revokes or receives voluntary surrenders by practitioners of DEA registration "numbers," which is reported under the Memorandum of Understanding (MOU) between the U.S. Department of Health and Human Services and the DEA.

5. When the HHS excludes a practitioner from Medicare or Medicaid reimbursement. The Exclusion Action is also published in the Federal Register and posted on the Internet. Placing the information in the NPDB makes it conveniently available to queriers, who do not have to search the Federal Register or the Internet to find out if a practitioner has been excluded from participation in these programs.

The NPDB receives required reports on malpractice payments: Medical Malpractice Payment Reports must be submitted to the NPDB when an entity (but not a practitioner out of his or her personal funds[9]) makes a payment for the benefit of a physician, dentist, or other health care practitioner in settlement of, or in satisfaction in whole or in part of, a claim or judgment against that practitioner.

Certain health care entities can request information from the NPDB: Hospitals, certain health care entities, State licensure boards, and professional societies may request information from ("query") the NPDB. Hospitals are required to routinely query the NPDB. A hospital also may query at any time during professional review activity. Malpractice insurers cannot query the NPDB.[10] In all cases, an entity may query only on practitioners who are applicants, current licensees, staff members, or professional society members.

A hospital *must* query the NPDB:

1. When a physician, dentist, or other health care practitioner applies for medical staff appointments (courtesy or otherwise) or for clinical privileges at the hospital; and

2. Every 2 years (biennially) on all physicians, dentists, and other health care practitioners who are on its medical staff (courtesy or otherwise) or who hold clinical privileges at the hospital.

Other eligible entities *may* request information from the NPDB:

1. Boards of medical or dental examiners or other State licensing boards may query at any time.

[9]Self-insured practitioners originally reported their malpractice payments. However, on August 27, 1993, the U.S. Court of Appeals for the D.C. Circuit reversed the December 12, 1991, Federal District Court ruling in *American Dental Association, et al., v. Donna E. Shalala*, No. 92-5038, and held that self-insured individuals were not "entities" under the HCQIA and did not have to report payments made from personal funds. All such reports have been removed from the NPDB.

[10]Self-insured health care entities may query for peer review but not for "insurance" purposes.

2. Other health care entities, including professional societies, may query when entering an employment or affiliation relationship with a practitioner or in conjunction with professional review activities.

The NPDB also may be queried in two other circumstances:

1. Physicians, dentists, or other health care practitioners may "self-query" the NPDB about themselves at any time. Practitioners may not query to obtain records of other practitioners.

2. A plaintiff or an attorney for a plaintiff in a malpractice action against a hospital may query and receive information from the NPDB about a specific practitioner in limited circumstances. This is possible only when independently obtained evidence submitted to HHS discloses that the hospital did not make a required query to the NPDB on the practitioner. If the attorney or plaintiff specifically demonstrated the hospital failed to query as required, the attorney or plaintiff will be provided with information the hospital would have received had it queried.

Fees for requests for information (queries) are used to operate the NPDB, which is self-supporting: As mandated by law, user fees, not taxpayer funds, are used to operate the NPDB. The NPDB fee structure is designed to ensure the NPDB is self-supporting. All queriers must pay a fee for each practitioner about whom information is requested. July 1, 2003, the query fee was reduced to $4.25 from $5.00. Self-queries, which are more expensive to process because they require some manual intervention, cost a total of $20 for both the NPDB and the Healthcare Integrity and Protection Data Bank (HIPDB). Self-queries must be submitted to both data banks to ensure that queriers receive complete information on all NPDB-HIPDB reports. All query fees must be paid by credit card at the time of query submission or through prior arrangement using automatic electronic funds transfer (EFT).

NPDB information about practitioners is confidential and available to users for only specific reasons: Under the terms of the HCQIA, NPDB information that permits identification of particular practitioners or entities is confidential. The HHS has designated the NPDB as a confidential "System of Records" under the Privacy Act of 1974. Authorized queriers who receive NPDB information must use it solely for the purposes for which it was provided. Any person violating the confidentiality of NPDB information is subject to a civil money penalty of up to $11,000 for each violation.

Criminal penalties punish those who disclose or report information under false pretenses: The Act does not allow the NPDB to disclose information on specific practitioners to medical malpractice insurers or the public. Federal statutes provide criminal and civil penalties, including fines and imprisonment, for individuals who knowingly and willfully query the NPDB under false pretenses or who fraudulently gain access to NPDB information. There are similar criminal penalties for individuals who knowingly and willfully report to the NPDB under false pretenses.

Practitioners receive copies of reports and may add personal statements to their reports: Reports to the NPDB are entered exactly as received from reporters. To ensure accuracy, each practitioner reported to the NPDB is notified a report has been made and is provided a copy of it. Since March 1994, the NPDB has allowed practitioners to submit a statement expressing their views of the circumstances surrounding any report concerning them. The practitioner's statement is disclosed along with the report.

Practitioners may dispute or ask for Secretarial Review of their reports: If a practitioner decides to dispute the report's accuracy in addition to or instead of filing a statement, the practitioner is requested to notify the NPDB that the report is being disputed. The report in question is then noted as under dispute when released in response to queries. The practitioner also must attempt to work with the reporting entity to reach agreement on correction or voidance of a disputed report. If a practitioner's concerns are not resolved by the reporting entity, the practitioner may ask the Secretary of Health and Human Services to review the disputed information. The Secretary then makes the final determination whether a report should remain unchanged, be modified, or be voided and removed from the NPDB.

Federal agencies and health care entities participate in the NPDB program under Memoranda of Understanding (MOUs): Section 432(b) of the Act prescribes that the Secretary shall seek to establish a MOU with the Secretary of Defense and with the Secretary of Veterans Affairs to apply provisions of the Act to hospitals, other facilities, and health care providers under their jurisdictions. Section 432(c) prescribes that the Secretary also shall seek to enter into an MOU with the Administrator of the Drug Enforcement Administration, Department of Justice (DEA), concerning the reporting of information on physicians and other practitioners whose registration to dispense controlled substances has been suspended or revoked under Section 304 of the Controlled Substances Act.

The Secretary signed an MOU with the Department of Defense (DOD) September 21, 1987, with the DEA on November 4, 1988 (revised on June 19, 2003), and with the Department of Veterans Affairs (DVA) November 19, 1990. In addition, MOUs with the U.S. Coast Guard (Department of Transportation) and with the Bureau of Prisons (Department of Justice) were signed June 6, 1994 and August 21, 1994, respectively. Policies under which the Public Health Service participates in the NPDB were implemented November 9, 1989 and October 15, 1990.

Medicare/Medicaid Exclusions have been reported under an agreement since 1997: Under an agreement between HRSA, the Center for Medicaid and Medicare Services (CMS), and the Office of Inspector General (OIG), Medicaid and Medicare Exclusions were placed in the NPDB in March 1997 and have been updated periodically. Reinstatement reports were added in October 1997. The initial reports included all Exclusions in effect as of the March 1997 submission date to the NPDB regardless of when the penalty was imposed.

The NPDB: Proven Successful in Influencing Licensing and Privileging of Health Care Practitioners

The National Practitioner Data Bank (NPDB) in 2003 received a high grade from both users who obtain information from (queriers) and users who submit information to (reporters) the NPDB in a recent customer satisfaction survey. The 2003 American Customer Satisfaction Index (ACSI) scores for the NPDB are 78 for queriers and 76 for reporters, on a 0-100 scale. The scores for both NPDB queriers and reporters are considerably higher than the current Federal Government-wide ACSI 2003 score of 71. The survey, the ACSI, is a uniform, cross-industry quarterly index of private and public sector customer satisfaction. It was adopted as the "gold standard" measure for Federal government agencies in 1999, and it is internationally accepted and used in more than 20 countries.

The NPDB score ranks among the highest Federal agency scores, except for those agencies involved in providing direct payments of benefits. The NPDB scored higher than several Federal agencies including the General Services Administration's Federal Supply Service with a score of 77; the Bureau of Labor Statistics with a score of 74; and the Department of State's Web site with a score of 72.

The NPDB's score is also higher than most private sector scores. The private sector average was 74.4. The average for the hospital industry was 76.

An ASCI survey was also taken in 2002 for the Healthcare Integrity and Protection Data Bank (HIPDB), which helps prevent health care fraud and abuse by collecting and disclosing certain adverse actions, such as losses of licenses and health care related criminal convictions and civil judgments, involving health care practitioners, providers, and suppliers.

The NPDB score for queriers is comparable to the HIPDB queriers 2002 score of 76, and the NPDB score for reporters is significantly higher than the HIPDB reporters score of 68 for 2002.

The ASCI scores for queriers and reporters are derived from customer responses to three questions dealing with overall satisfaction with the NPDB, each of which is given a score:

- How satisfied are you with the programs and services provided by NPDB? (a score of 82 for querying; a score of 80 for reporting);

- To what extent have the programs and services provided by the NPDB met your expectations? (a score of 78 for querying; a score of 76 for reporting);

- How well do you think NPDB compares with an ideal system for querying (or reporting)? (a score of 73 for querying; a score of 72 for reporting).

Many surveyed queriers found the NPDB convenient to use (a score of 88) with a staff that helpfully answered their questions (a score of 84). Customers rated the NPDB's EFT/Credit card payment method a 88, the timeliness of query responses a 89, and query information meeting their needs a 86. Several of those surveyed would also recommend the NPDB for querying, giving this activity a score of 79.

Many surveyed reporters found reporting to the NPDB to be easy (a score of 80) with a staff that helpfully answered their questions (81). Customers rated the ease of using the IQRS system a 82; the ease of obtaining required info a 80; and the amount of information needed a 77.

The NPDB is working on several improvements that address some of the survey's results, some of which showed a need for clearer guidance about reporting and querying. DPDB is working on revising the NPDB Guidebook and preparing more informational materials to make regulations clearer to NPDB users.

For more information on the NPDB-HIPDB, visit www.npdb-hipdb.com. For more information on the ACSI, visit www.customerservice.gov. The Web site's Federal agency ACSI scores for 2003 do not include the NPDB because its survey was completed after the deadline for inclusion. As a result, the NPDB will be included in the 2004 ASCI scores, although the survey was taken in 2003.

The NPDB Improves Its Operations and Policies in 2003

The NPDB in 2003 allowed users to save credit cards and subject information in the IQRS and continued updating and organizing its Web site, www.npdb-hipdb.com, to make it easier for customers to find information.

In recognition of its achievements the NPDB-HIPDB was recognized with the Excellence.gov Top Five Award. The Top Five Award is the highest award given by Excellence.Gov. The awards each year are given to five Federal organizations for their outstanding information technology (IT) achievements in the public service arena. Excellence.gov was established to recognize the best practices in Federal E-Government applications. The award program is sponsored by the Industry Advisory Council, the American Council for Technology, and the Federal CIO Council. A panel of judges composed of representatives from government and industry picked this year's five winners, using criteria such as demonstration of measurable results, degree of project innovation, and impact on the agency's ability to deliver on its mission.

The following improvements were made to the NPDB system and Web site in 2003.

- Improvements suggested by Integrated Querying and Reporting Service (IQRS) users through the IQRS User Review Panel (URP) were implemented, including creating an option to save credit card numbers within the IQRS; giving queriers the ability to save subject information from queries to the entities' subject databases automatically; and improving subject database sorting capability.
- The system was migrated to fourth-generation architecture, Sun servers running Unix, resulting in significant performance gains.
- The query price was reduced from $5.00 to $4.25 per query name.
- The user interface continued to be improved. The web site was updated to make it easier for customers to find information, which was provided using straightforward terminology.
- The "What's New" information page was regularly updated to keep users informed and various new publications, such as NPDB-HIPDB Newsletters, were added when they were published.
- Real-time credit card billing was implemented by migrating from the Telemoney service to the Department of the Treasury ICCC.gov service.
- Information for billing reconciliation was enhanced for customers.
- Copies of reports provided to queriers were changed to include a notice that the practitioner may not be aware of the report if the copy of the report mailed to the practitioner when the report was filed was returned to the NPDB as undeliverable.
- The look and feel of the IQRS was enhanced to create more consistency between it and the information web site (www.npdb-hipdb.com).
- The Web site's search capability was improved to make it easier for users to find needed information.

- Production equipment was moved into a new off-site data center, which provided increased security, reduced risk related to power or communications outage, and increased capacity to handle peak demands.

Beyond operations improvements, the NPDB had several successful policy-related accomplishments in 2003. For example, the NPDB took major efforts to ensure compliance with reporting requirements. The NPDB staff also attended and presented at several credentialing and health care organization meetings, and developed publications publicizing the data bank's mission, requirements, and achievements.

- Hospitals – Hospitals listed in the "American Hospital Association Guidebook" continued to be checked for registration in the NPDB. Unregistered hospitals were contacted and made aware of their requirements to query and report to the data banks. As a result, hospitals in several States registered with the data banks or provided their Data Bank Identification Number (DBID) to the Division of Practitioner Data Banks, demonstrating that they were registered under another name.

- Guidebook – The NPDB Guidebook continues to be revised. A chapter on the IQRS codes will be added, and later a chapter comparing and contrasting the two data banks.

- Brochure – A new brochure, "The Practitioner's Guide to the Data Banks: A Road Map for Physicians, Dentists, and Other Health Care Practitioners," was completed. The brochure explains how practitioners can self-query the NPDB-HIPDB, correct errors in NPDB-HIPDB reports, and dispute reports. The brochure will be distributed by the data banks to State boards and practitioners in 2004.

- Proactive Disclosure Service (PDS) – The NPDB-HIPDB is considering a service where queriers would be notified of new reports naming any of their registered practitioners as subjects when the reports are received by the data banks. Eleven discussion groups in locations throughout the country were convened to determine users' receptivity to the proposed service. Members of these groups were also asked about other improvements that could be made to the data banks. Possible design and pricing options of this service are being considered, but no decision has been made as to whether such a system will be implemented.

- Outreach – NPDB staff presented at or exhibited materials at the conferences of several organizations, as well as discussed NPDB issues with representatives of several organizations. These groups included the America's Health Insurance Plans (AHIP), Federation of State Boards of Physical Therapy, Administrators in Medicine, Physician Association of America, National Association of Medical Staff Services, and National Committee for Quality Assurance (NCQA). These contacts greatly promoted the NPDB's missions and helped increase compliance with reporting and querying requirements.

- Malpractice Payment Reporting – A comparison was made of NPDB report information to 2001 data from National Association Insurance Commissioners (NAIC). NAIC data provides

information for total amount paid and the total number of payments made for medical malpractice by insurance companies. As a result of the comparison, letters were sent to specific insurance companies asking for information on their reporting and the NPDB received additional Medical Malpractice Reports.

- Media Search – The data banks investigate media reports of actions taken against practitioners and entities. News events are examined to see if required reports were made to the NPDB.

- DEA – The Drug Enforcement Administration (DEA) headquarters office was assisted with submitting reports to the NPDB, resulting in more active reporting by the DEA.

- Health Plans – Documents explaining health plans' NPDB reporting responsibilities were created to be sent to the NCQA and AHIP, as well as health plans registered with the NPDB. The organizations are expected to share this information with their members.

- Articles: An article written by NPDB staff, "NPDB-HIPDB 101: An Introduction to the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank," was published in the Summer 2003 newsletter issue of the National Council of State Boards of Examiners for Speech-Language Pathology and Audiology. The article discussed the basics about the Data Banks, including reporting and querying requirements for these State boards. Forthcoming articles on the Data Banks will be featured in 2004 publications for the American Health Lawyers Association and the AHIP.

- Long-term Care Facilities – The NPDB continued its efforts to inform long term care (LTC) and subacute care (SC) providers about their reporting requirements and the benefits of querying. The NPDB contacted more than a thousand of these facilities that were unregistered with the NPDB. New Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards require that LTC and SC facilities query the NPDB.

The following are research activities and achievements that the NPDB accomplished in 2003. They include activities directed at enhancing the accuracy of data in the NPDB and comparing NPDB reports with those reported to national organizations by State licensing boards.

- State Licensure Action comparison – A study comparing actions reported in 2000 to the Federation of State Medical Boards (FSMB) and the NPDB-HIPDB was completed. About a third of FSMB reports for summary actions taken by State medical licensing boards in 2000 did not have a corresponding report in the NPDB-HIPDB. This was not unexpected since some of these actions were not reportable under the HCQIA. However, many of these FSMB reports likely concerned actions reportable to the NPDB, including suspensions, revocations, and surrenders of licenses. Frequently, the NPDB-HIPDB received initial reports but not all revisions to action, even though these actions were reported to the FSMB. The Data Banks will seek to work with national State board organizations to resolve reporting inconsistencies and provide training on NPDB-HIPDB reporting requirements.

- PriceWaterhouse Coopers Clinical Privileges and Medical Malpractice Reporting Studies – Two studies assessing feasibility of auditing the compliance of entities with NPDB clinical privileges and medical malpractice reporting requirements were performed by a contractor PriceWaterhouse Coopers. In the studies, PriceWaterhouse Coopers developed a tested methodology to audit/validate the reporting compliance of selected entities. The medical malpractice summary report was published in 2003 and the clinical privileges summary report in 2002.

For more information on the NPDB and its continuing improvements, visit the Web site at www.npdb-hipdb.com.

Types of Reports: Medical Malpractice Payments

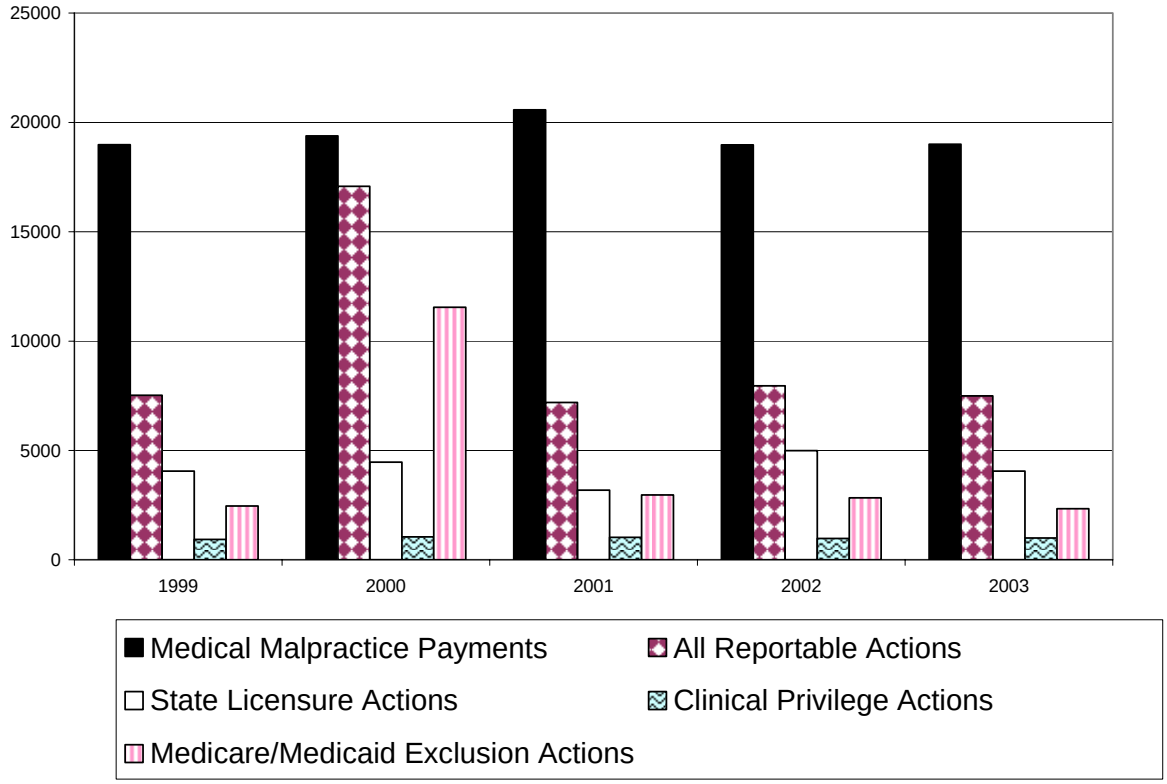
Malpractice Payment Reports Continue to Remain the Majority in the NPDB

Each year, Medical Malpractice Payment Reports represent the greatest proportion of reports contained in the NPDB, as shown in Figure 1. Although only physicians and dentists must be reported to the NPDB if an adverse action (except for Exclusions, which are reportable for all health care practitioners) is taken against them, all licensed health care practitioners must be reported to the NPDB if a malpractice payment is made for their benefit.[11] The following narratives gives details about the nature of these reports, including their number, their distribution among dentists, physicians and other practitioners, and variations in payment amounts and delays. For more information on malpractice reporting, see Tables 1 through 3 in the statistical section of this Annual Report.

Seven out of ten reports were malpractice payments: Cumulative data show that at the end of 2003, 72.7 percent of all the NPDB's reports concerned malpractice payments. During 2003, the NPDB received 19,007 such reports (71.7 percent of all reports received). Cumulatively, physicians were responsible for 196,299 malpractice payment reports (78.4 percent), dentists were responsible for 33,716 reports (13.5 percent), and all other types of practitioners were responsible for 20,294 reports (8.1 percent).

[11]Allopathic physicians; allopathic interns and residents; osteopathic physicians; and osteopathic physician interns and residents are all considered physicians for statistical purposes. Dentists and dentist residents are considered dentists for statistical purposes. For statistical purposes, the "other" category includes all remaining practitioner types which may be or have been reported to the NPDB: pharmacists; pharmacists (nuclear); pharmacy assistants; registered (professional) nurses; nurse anesthetists; nurse midwives; nurse practitioners; advanced practice nurses; clinical nurse specialists; licensed practical or vocational nurses; nurses aides; home health aides (homemakers); psychiatric technicians; dieticians; nutritionists; EMT, basic; EMT, cardiac/critical care; EMT, intermediate; EMT, paramedic; social workers; podiatrists; psychologists; clinical psychologists; school psychologists; psychological assistants, associates or examiners; audiologists; art/recreation therapists; massage therapists; occupational therapists; occupational therapy assistants; physical therapists; physical therapy assistants; rehabilitation therapists; speech/language pathologists; medical technologists; nuclear medicine technologists; cytotechnologists; radiation therapy technologists; radiologic technologists; acupuncturists; athletic trainers; chiropractors; dental assistants; dental hygienists; denturists; homeopaths; medical assistants; mental health counselors; midwives, lay (non-nurse); naturopaths; ocularists; opticians; optometrists; orthotics/prosthetics fitters; physician assistants; physician assistants, osteopathic; perfusionists; podiatric assistants; professional counselors; professional counselors (alcohol); professional counselors (family/marriage); professional counselors (substance abuse); respiratory therapists; respiratory therapy technicians; and any other type of health care practitioner which is licensed in one or more States.

Figure 1: Number and Type of Reports Received by the NPDB (1999-2003)



Medical Malpractice Payment Reports, including those for physicians, increased slightly in number in 2003: The number of malpractice payments reported in 2003 (19,007) increased by 32 reports from the number reported during 2002 (18,975). However, the 2003 total represents a 7.6 decrease from 2001. In 2003 physician malpractice payments increased by only five reports from 2002 to 2003. Dentist malpractice payments increased by 7.8 percent and "Other practitioners" malpractice payments decreased by 8.4 percent.

Malpractice Payments: Physicians

Physicians have about four-fifths of the Medical Malpractice Payment Reports in the NPDB. They make up the majority of practitioners reported to the NPDB and are queried on the most by entities. The following describes the information the NPDB contains on them. For more information about this reporting, see Tables 3 through 5 in the statistical section of this Annual Report.

Physicians were responsible for eight out of ten Malpractice Payment Reports: Cumulatively, physicians were responsible for 196,299 (78.4 percent) of the NPDB's Malpractice Payment Reports. The number of physician malpractice payments reported increased by only five reports from 2002 to 2003. During 2003, physicians were responsible for 15,289 Malpractice Payment Reports (80.4 percent of all Malpractice Payment Reports received during the year).

Equipment/product incidents and miscellaneous incidents for physicians had both few reports and low payments: During 2003, incidents relating to miscellaneous and equipment/product-related incidents had the lowest median payments ($40,000 and $62,500, respectively); they also had some of the lowest mean payments ($203,162 and $205,961, respectively). IV and blood products-related incidents had the lowest mean payments ($169,115). There were only 174 miscellaneous reports and 32 equipment/product-related reports. Together they represented only 1.3 percent of all physician malpractice payments in 2003.

Obstetrics-related incidents had the biggest payments and diagnosis-related payments were the most reported for physicians in 2003: As in previous years, physicians' obstetrics-related cases (1,255 reports, 8.2 percent of all 2003 physician Malpractice Payment Reports) in 2003 had by far the highest median and mean payments ($290,000 and $475,880). In 2003, diagnosis-related payments for physicians totaling 5,488 (35.9 percent of all physician 2003 payments) were the most frequently reported.

Obstetrics-related incidents took the longest to resolve for physicians and anesthesia-related cases settled the most quickly for physicians: The 1,254 obstetrics-related physician payments in 2003 (8.2 percent of 2003 payments) had the longest mean delay between incident and payment (5.66 years) and the longest median delay (4.74 years). The shortest mean delay for 2003 physician malpractice payments was for anesthesia-related cases (3.67 years). There were 520 such cases for physicians, representing 3.4 percent of all 2003 physician malpractice payments. The shortest median delay for 2003 physician payments was also for anesthesia related cases (3.30 years).

Median and mean malpractice payment delays for physicians ranged from 4.02 to 4.77 years: Cumulatively, the mean payment delay for all payments for physicians was 4.77 years and the median was 4.02 years. For 2003, the mean payment delay for all payments for physicians was 4.59 years and the median is 4.05 years.

Malpractice Payments: Nurses and Physician Assistants

Although physicians and dentists have the most Medical Malpractice Payment Reports in the NPDB, there are also many of these reports for nurses and physician assistants. There has been particular interest in both of these professions' reports, as shown in requests for information made to the DPDB, and the following describes the information the NPDB contains on them. The NPDB classifies registered nurses into five licensure categories: Nurse Anesthetist, Nurse Midwife, Nurse Practitioner, Clinical Nurse Specialist/Advanced Practice Nurse, and Registered Nurse not otherwise classified, referred to in the tables as Registered Nurse[12]. For more information about this reporting, see Tables 6 through 9 in the statistical section of this Annual Report.

Only about one out of 50 Malpractice Payment Reports were for nurses, most for other-classified RNs: All types of Registered Nurses have been responsible for 4,512 malpractice payments (1.8 percent of all payments) over the history of the NPDB. Other-classified Registered Nurses were responsible for 63.3 percent of the payments made for nurses. Nurse Anesthetists were responsible for 20.9 percent of nurse payments. Nurse Midwives were responsible for 8.9 percent, Nurse Practitioners were responsible for 6.7 percent, and Advanced Nurse Practitioners were responsible for 0.2 percent of all nurse payments.

Reasons for nurse Malpractice Payment Reports varied depending on type of nurse: Monitoring, treatment, and medication problems were responsible for the majority of payments for other-classified nurses, but obstetrics and surgery-related problems were also responsible for significant numbers of payments for these nurses. As would be expected, anesthesia-related problems were responsible for 84.1 percent of the 944 payments for Nurse Anesthetists. Similarly, obstetrics-related problems were responsible for 79.5 percent of the 400 Nurse Midwife payments. Diagnosis-related problems were responsible for 45.0 percent of the 302 payments for Nurse Practitioners. Treatment-related problems were responsible for another 25.5 percent of payments for these nurses. Of the eight reports for Clinical Nurse Specialists/Advanced Nurse Practitioners, five were for treatment-related problems, one was for an anesthesia-related problem, one was for a medication-related problem, and one was for a surgery-related problem.

Median nurse payment amounts were smaller than physicians', but mean nurse payment amounts were larger: The median and mean payment for all types of nurses in 2003 was $132,500 and $376,140 respectively. The median nurse payment was $27,500 less than the median physician payment ($160,000) but the mean nurse payment was $81,326 larger than the mean physician payment in 2003 ($294,814). Similarly, the inflation-adjusted cumulative median nurse payment of $99,075 was $19,128 less than the $118,203 inflation-adjusted

[12]The category of Advanced Practice Nurse was added in March 2001, but no reports for these practitioners were received until 2002. There were only seven reports for these practitioners, which does not impact the numbers of nurse payments as a whole significantly. The category was replaced with Clinical Nurse Specialists/Advance Practice Nurses on September 9, 2002.

cumulative median payment for physicians. The inflation-adjusted cumulative mean nurse payment of $310,498 was $58,714 larger than the inflation-adjusted cumulative mean physician payment of $251,784. The mean payment amount for nurses was likely larger because there were relatively fewer nurse payments, which means one significantly large payment can impact the mean more than if there were more nurse payments. The median payment amount was more representative of typical payments.

There was a wide variation in States' nurse Malpractice Payment Reports compared to physicians' reports: Vermont had only five nurse Malpractice Payment Reports in the NPDB while New Jersey had the most (562). The ratio of nurse payment reports to physician payment reports (using adjusted figures[13]) for Vermont (with only five nurse payments) was one of the lowest in the nation at 0.01, but 9 States had only one nurse payment report for 100 or more physician payment reports. In contrast, the ratio for Alabama, which was the highest in the Nation, was 8 nurse payment reports for every 100 physician payment reports. Three other States also had ratios of 7 nurse payment reports for every 100 physician payment reports. There may be several explanations for differences in the ratio of payment reports for nurses and physicians, including possible differences in the ratio of nurses to physicians in practice in the State.

Physician Assistants had less than one percent of all Medical Malpractice Payment Reports, most of them for diagnosis-related problems: Physician Assistants have been responsible for only 777 malpractice payments since the opening of the NPDB (0.31 percent of all payments). Both cumulatively and during 2003, diagnosis-related problems were involved in well over half of all Physician Assistant malpractice payments (57.4 percent cumulatively and 63.9 percent in 2003). Treatment-related payments were the second largest category both cumulatively and in 2003 (23.8 percent and 15.1 percent, respectively).

Payments in the diagnosis-related category for Physician Assistants were larger than treatment-related payments: Payments in the diagnosis category had a median payment amount of $199,110 in 2003 and a cumulative inflation-adjusted median payment amount of $100,000, while treatment-related payments had a median payment of $142,500 for 2003 and a cumulative inflation-adjusted median payment of about $30,335.

[13] The "adjusted" number of reports accounts for those reports concerning payments made by State malpractice funds. These adjusted reports accounted for only 1.5 percent of nurse payment reports.

States Vary in Malpractice Payment Amounts and Times from Incident to Payments

States vary widely in the number of Medical Malpractice Reports for their practitioners, their mean and median medical malpractice amounts, and their "payment delay," which is how long it takes to receive a malpractice payment after an incident occurs. The following narrative examines these differences in detail. For more information on malpractice reporting among the States, see Tables 10 through 13 in the statistical section of this Annual Report.

"Adjusted" numbers of Medical Malpractice Payment Reports helped to give more realistic picture of States payment reports: To make the statistics more informative and realistic, this narrative relies on an "adjusted" number of Malpractice Payment Reports, which excludes reports for malpractice payments made by State malpractice funds. Nine States[14] have or had such funds, and most, but not all, fund payments pertain to practitioners practicing in these States.

Usually when payments are made by these funds, two reports are filed with the NPDB (one from the primary insurer and one from the fund) whenever a total malpractice settlement or award exceeds a maximum set by the State for the practitioner's primary malpractice carrier. These funds sometimes make payments for practitioners reported to the NPDB as working in other States. Payments by the funds are excluded from the "adjusted" counts so malpractice incidents are not counted twice.

Although the "adjusted" number is the best available indicator of the number of distinct malpractice incidents which result in payments, it is an imperfect measure. Some State funds are also the primary insurer and only payer for some claims. Since these primary payments cannot be readily identified, they are excluded from the "adjusted" scores even though they are the only report in the NPDB for the incident. The "adjusted" counts also do not take into account insurers of last resort which, in most cases, provide primary coverage but which, in other cases, provide secondary coverage for payments over primary policy limits and report these over-limit payments.[15]

The ratio of physician payment reports to dental payment reports varied widely among the States: Nationally, using the adjustment described above, there was about one dental Medical Malpractice Payment Report for every five of these reports for physicians. In California, Utah, Washington, and Wisconsin, however, there was one dentist payment report for about every 3 physician payment reports. In Mississippi, Montana, North Carolina, and West Virginia there was less than one dental payment report for every 10 physician payment reports.

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[14]Florida, Indiana, Kansas, Louisiana, Nebraska, New Mexico, Pennsylvania, South Carolina, and Wisconsin.

[15]Kansas is an example of a state in which the fund is the primary carrier in some cases; the Kansas fund is the primary carrier for payments for practitioners at the University of Kansas Medical Center. New York is an example of a State with an insurer of last resort which sometimes provides over-limits coverage but usually is a practitioner's primary insurer.

State reporting numbers can be affected by many settlements for a practitioner and delinquent reports: The number of reports in any given year in a State may be impacted by unusual circumstances, such as the settlement of a large number of claims against a single practitioner. For example, the high ratio of dental payment reports to physician payment reports in Utah was largely the result of a very large number of payment reports for one dentist during 1994. State report counts may also be substantially impacted by other reporting artifacts, such as a reporter submitting a substantial number of delinquent reports at the same time. Indiana reporting, for example, was impacted by the NPDB's receipt of delinquent reports during 1996 and 1997.

States' malpractice statutes affected medical malpractice payment reporting numbers: The number of payment reports in any given State was affected by the specific provisions of the malpractice statutes in each State. Statutory provisions may make it relatively easier or more difficult for plaintiffs to sue for malpractice and obtain a payment. For example, there are differences from State to State in the statute of limitations provisions governing when plaintiffs may sue. There also are differences in the burden of proof. Some States also limit payments for non-economic damages (e.g., pain and suffering). Caps on recover of non-economic damages or other limitations on recoveries may reduce the number of claims filed by reducing the total potential recovery and the financial incentive for plaintiffs and their attorneys to file suit, particularly for children or retirees who are unlikely to lose earned income because of malpractice incidents. Plaintiffs with meritorious but complex cases may find it difficult to obtain representation because of legal limitations on attorney contingency fees. Sometimes changes in malpractice statutes may be responsible for changes in the number of payment reports within a State observed from year to year. Changes in State statutes, however, are unlikely to explain differences in reporting trends observed for physicians and dentists within the same State. For example, the number of physician payment reports in Georgia increased from 1999 to 2003 while the number of dentist payment reports decreased over the same period.

Median payment amounts for physician Medical Malpractice Payment Reports varied by thousands of dollars among the States: The cumulative median physician malpractice payment for the NPDB was $100,000 and the 2003 median payment was $160,000. Illinois had the highest 2003 median payment of $362,000. The lowest 2003 median was found in Utah at $50,000. Next lowest, California had a median payment of $60,000, North Dakota, $70,000, and Vermont, $80,000.[16] These numbers were not adjusted for the impact of State malpractice funds, which have the effect of lowering the observed mean and median payment. Because mean payments can be substantially impacted by a single large payment or a few such

[16]The California median payment for physicians is artificially impacted by a State law which is commonly believed to require reporting to the State only malpractice settlements of $30,000 or more. During 2003, 130 (9.6 percent) of California physician's 1,361 malpractice payments were for $29,999. Payments for $29,999 are extremely rare in other States. Another 74 California payments were for exactly $30,000, which is immediately below the actual reporting threshold, which required reporting of malpractice payments over $30,000. When these categories are combined, fully 15.1 percent of California physician malpractice payments are within $2.00 of the State reporting threshold. In addition to reporting of settlements of more than $30,000, California law requires reporting of malpractice arbitration awards, judgments and settlements-after-judgment regardless of payment amount.

payments, a State's median payment is normally a better indicator of typical malpractice payment amounts.[17]

Mean "payment delays" for physician Medical Malpractice Payment Reports lower in 2003 than average "delays" over time: "Payment Delay" is how long it takes to receive a malpractice payment after an incident occurs. For all physician Malpractice Payment Reports in the NPDB, the mean delay between incident and payment was 4.77 years. For 2003 payments, the mean delay was 4.59 years. Thus during 2003, payments were made on average about two months quicker than the average for all payments in the NPDB. The average physician payment came about 18 days later than in 2002, which is a reversal of the previous trend toward quicker resolution of malpractice cases.

States varied widely in their "payment delays": On average, during 2003 payments were made most quickly in California (a mean payment delay of 2.98 years) and North Dakota (3.05 years). Payments were slowest in Massachusetts (6.19 years).

[17]Half the payments are larger and half the payments are smaller than the median payments. For example, consider the following eleven malpractice payments, $11,000; $12,000; $13,000; $14,000; $15,000; $16,000; $17,000; $18,000; $19,000; $20,000 and $1,000,000, the median payment is $16,000. The mean of these payments (the total divided by the number of payments is $105,000. Clearly the median is a better representation of the typical or "average" payment for this data than is the mean.

Three Issues – Corporate Shield, Federal Entity Policies, and Physician Residents – Affect Malpractice Payment Reporting

Three aspects of malpractice payment reporting may be of particular interest to reporters, queriers, practitioners, and policy makers. First, the "corporate shield" issue reflects possible under-reporting of malpractice payments. The second issue involves differences in reporting requirements for Federal agencies based on memoranda of understanding. The third issue, reporting physicians in residency programs, concerns the appropriateness of reporting malpractice payments made for the benefit of physicians in training who are supposed to be acting only under the direction and supervision of attending physicians.

"Corporate Shield" may mask the extent of substandard care and diminish NPDB's usefulness as a flagging system: Malpractice payment reporting may be affected by use of the "corporate shield." Attorneys have worked out arrangements in which the name of a health care organization (e.g., a hospital or group practice) is substituted for the name of the practitioner, who would otherwise be reported to the NPDB. This is most common when the health care organization is responsible for the malpractice coverage of the practitioner. Under current NPDB regulations, if a practitioner is named in the claim but not in the settlement, no report about the practitioner is filed with the NPDB unless the practitioner is excluded from the settlement as a condition of the settlement. The extent of the corporate shield cannot be measured with available data.

Federal agencies have made policies with HHS for malpractice payment reporting to the NPDB: Under the provisions of the Federal Tort Claims Act, the government, not individual practitioners, is sued when malpractice is alleged concerning a Federal practitioner. The Department of Defense's (DOD) policies requires malpractice payments to be reported to the NPDB only if the practitioner was responsible for an act or omission that was the cause (or a major contributing cause) of the harm that gave rise to the payment. Also, it is reported only if at least one of the following circumstances exists about the act or omission: (1) The Surgeon General of the affected military department (Air Force, Army, or Navy) determines that the practitioner deviated from the standard of care; (2) The payment was the result of a judicial determination of negligence and the Surgeon General finds that the court's determination was clearly based on the act or omission; and (3) The payment was the result of an administrative or litigation settlement and the Surgeon General finds that based on the case's record as whole, the purpose of the NPDB requires that a report be made. The Department of Veterans Affairs (DVA) uses a similar process when deciding whether to report malpractice payments.

The NPDB Executive Committee is examining the issue of required reporting of residents' malpractice payments: The HCQIA makes no exceptions for malpractice payments made for the benefit of residents. Payments for residents must be reported to the NPDB. Currently, a committee of the Executive Committee is examining the issues surrounding the reporting of residents to the NPDB. They are considering both residents with primary responsibility (practicing independently) and residents with ancillary responsibility (training in a residency program under supervision). The issue of reporting residents has also been discussed

in articles in the *Bulletin of the American College of Surgeons*.[18] A common misperception is that since residents act under the direction of supervising attending physicians, as long as they are acting within the bounds of their residency program, residents by definition are not responsible for the care provided. Therefore, it is incorrectly believed that regardless of whether or not they are named in a claim for which a malpractice payment is ultimately made, they should not be reported to the NPDB. However the HCQIA requires reporting of all licensed practitioners for whom a payment is made, regardless of residency status.

Physician interns and residents had 1,686 Medical Malpractice Payment Reports in the NPDB: At the end of 2003 a total of 1,561 physicians had Malpractice Payment Reports listing them as allopathic or osteopathic interns or residents at the time of the incident which led to the payment. Of these 1,561 physicians, 1,357 were allopathic residents and 204 were osteopathic residents. The NPDB contained a total of 1,686 intern or resident-related Malpractice Payment Reports for these practitioners (1,465 for allopathic interns or residents and 221 for osteopathic interns or residents). These payments constituted only 0.9 percent of all physician Malpractice Payment Reports cumulatively.

Most physician interns and residents had only one Medical Malpractice Payment Report: A total of 1,486 of the reported interns and residents had only one Malpractice Payment Report as an intern or resident; 69 had two such reports; one had three reports; one had four reports; and one had 45 Malpractice Payment Reports for incidents while an intern or resident.

[18]Fischer, J.E. and Oshel, R.E. The National Practitioner Data Bank: What You Need to Know. *Bulletin of the American College of Surgeons.* June 1998, 83:2; 24-26. Fischer, J.E. The NPDB and Surgical Residents. *Bulletin of the American College of Surgeons*. April 1996. 81:4; 22-25. Ebert, P.A. As I See It. *Bulletin of the American College of Surgeons.* July 1996. 81:7; 4-5. See also reply by Chen, V. and Oshel, R. Letters, *Bulletin of the American College of Surgeons*, January 1997. 82:1; 67-68.

Types of Reports: Adverse Actions

NPDB Receives Many Reports on Adverse Actions

Beyond Medical Malpractice Payment reports, which make up more than 70 percent of NPDB reports, the NPDB also receives many reports on "adverse actions," [19] which must be reported to the NPDB if they are taken against physicians and dentists. Reporting of Medicare/Medicaid Exclusions taken against health care practitioners, which are considered to be adverse actions, began in 1997. Reporting of all other types of adverse actions began in 1990 when the NPDB opened. The following gives significant details about these types of reports. For more information, see Tables 1, 2 and Table 14 in the statistical section of this Annual Report.

Adverse Action Reports, [20] almost one-third of all reports, declined in 2003: Adverse actions represented 28.3 percent of all reports received during 2003 and, cumulatively, 27.3 percent of all NPDB reports. The number of Adverse Action Reports received decreased by 469 to a total of 7,490 (a 5.9 percent decrease) from 2002 to 2003. This followed an increase of 9,557 reports from 1999 to 2000. This substantial decrease was mostly a result of a large decrease in Exclusion Reports; there were many more Exclusion Reports submitted in 2000 than usual because the HIPDB fully opened that year.

State Licensure Action Reports, most of them for physicians, decreased in 2003: During 2003, State licensure actions made up 54.2 percent of all adverse actions and 15.3 percent of all NPDB reports (including malpractice payments and Medicare/Medicaid Exclusions). They continued to represent the majority of adverse actions (cumulatively 51.6 percent of all adverse actions). State Licensure Action Reports decreased by 0.9 percent from 2002 to 2003. Those for physicians decreased by 0.5 percent in 2003. State Licensure Action Reports for dentists decreased by 3.0 percent. State Licensure Action Reports for physicians constituted 84.1 percent of all State Licensure Action Reports in 2003.

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[19] "Adverse Action Reports" is a generic term for all licensure action, clinical privileges action, Exclusion action, DEA action, and professional society action reports. This includes reports of truly adverse actions (revocations, probations, suspensions, reprimands, etc.) reported in accordance with Sections 60.8 and 60.9 of the NPDB regulations as well as reports for non-adverse "Revisions" (reinstatements, reductions of penalties, reversals of previous actions, restorations, etc.) reported under Section 60.6.

[20] Some Adverse Action Reports are non-adverse "Revisions." Of the 48,643 reported licensure actions in the NPDB, 5,145 reports or 10.6 percent were for licenses reinstated or restored. Of the 12,464 reported clinical privileges actions, 948 reports or 7.6 percent concerned reductions, reinstatements, or reversals of previous actions. Of the 475 reported professional society membership actions, 21 reports or 4.4 percent were reinstatements or reversals of previous actions. None of the 357 reported DEA Reports were considered non-adverse. Of the 32,260 Exclusion Reports, 3,650 or 10.0 percent are reinstatements.

Clinical Privileges Action Reports, making up only three percent of all 2003 NPDB reports, increased slightly: There were 977 Clinical Privileges Action Reports in 2002 and 999 in 2003, an increase of 2.3 percent. Physician Clinical Privileges Action Reports increased by 1.6 percent.

Less than one percent of NPDB reports were for professional society membership actions and DEA actions: Professional society membership actions (only 46 reported) made up 0.6 percent of all adverse actions during 2003. Fifty-four DEA reports were received during 2003, 0.7 percent of all adverse actions during 2003. The number of reported professional society and DEA actions has remained almost negligible throughout the NPDB's history. Cumulatively, DEA reports and professional society action reports together represented only 0.2 percent of all reports.

Physicians were responsible for most 2003 State licensure, clinical privileges, and professional society membership but less than one of ten Medicare/Medicaid Exclusion actions: During 2003, physicians were responsible for 84.0 percent of State licensure actions, 93.5 percent of clinical privileges actions, and all professional society membership actions. In contrast, physicians were responsible for only 73 percent of the Exclusion actions reported for physicians and dentists.

Physicians were responsible for almost all physician and dentist Clinical Privileges Action Reports: In 2003 physicians, representing slightly over four-fifths of the nation's total physician-dentist workforce, were responsible for 84.0 percent of State Licensure Action Reports for this workforce. They were also responsible for 97.8 percent of all Clinical Privileges Action Reports for physicians and dentists. This result is expected, however, since dentists frequently do not hold clinical privileges at a health care entity and thus could not be reported for a clinical privileges action.

Dentists had a much smaller percentage of reports than physicians, along with smaller numbers of State Licensure Action Reports than in previous years: Dentists, who comprise approximately 18.5 percent of the nation's total physician-dentist workforce, were responsible for 16.0 percent of physician and dentist State licensure actions, 2.2 percent of clinical privileges actions, no professional society membership actions, no DEA actions, and 27.0 percent of Exclusion actions for physicians and dentists in 2003. Thus dentists had a greater number of Exclusions than might be expected, but were relatively under-represented for other types of adverse actions. The number of dental State Licensure Action Reports has generally grown each year, but 2003's figure of 647 reports represented the third smallest number of dental State Licensure Action Reports submitted to the NPDB in a single year. In 1991 and 2001, these figures were 562 and 577, respectively.

Reporting of Medicare/Medicaid Exclusion Reports decreased from 2002: There were 2,842 Exclusion Reports in 2002 and 2,334 in 2003, a decrease of 17.9 percent. Physician Exclusion Reports decreased by 45.8 percent and Exclusion Reports for non-physicians/non-dentists decreased by 11.8 percent to a total of 2,027. Exclusion Reports represented 8.8 percent of all 2003 reports and 9.4 percent of all NPDB reports cumulatively. The large increase in the number of Exclusion Reports for 2000 shown in Table 2 reflected

reports for non-healthcare practitioners and nurse practitioners being submitted to the NPDB for 2000 and previous years. Exclusion Reports for non-healthcare practitioners are being removed from the NPDB.

Reports for "other practitioners" in 2003 were mostly for Medicare/Medicaid Exclusions: "Other practitioners" had 2,027 Exclusion Reports in 2003, which made up most (57.2 percent) of their reports in 2003. "Other Practitioners" also had 1,472 Medical Malpractice Payment Reports, 44 Clinical Privileges Action Reports and three DEA Action Reports. "Other practitioners" accounted for four-fifths of Exclusion Reports (86.8 percent of 2,334 reports) added to the NPDB during 2003. Entities are not required to report Clinical Privileges actions and Professional Membership actions on "other practitioners" to the NPDB. Exclusion actions for "other practitioners" are reported to the NPDB.

Cumulatively, most "other practitioners" reports were for Medicare/Medicaid Exclusions*:* "Other practitioners" had 23,235 Exclusion Reports in the NPDB, which was 52.8 percent of all their reports and 98.1 percent of all their adverse action reports (they had only four Professional Membership Action Reports total). Cumulatively, "other practitioners" accounted for three-quarters of Exclusion Reports (72.0 percent of 32,260 reports) in the NPDB. "Other practitioners" are required to be reported for Exclusions to the NPDB.

Under-reporting May Affect Numbers of Adverse Action Reports; States Vary in Reporting Activity

Two issues can affect the interpretation of the reporting of adverse actions – the under-reporting of clinical privileges actions and the reporting of adverse State licensure actions for physicians and dentists practicing in-State. Both of them have an impact on how the information on Adverse Action Reports[21] should be viewed. The following narrative explores these issues in depth. For more in-depth data on these issues, see Tables 15 through 18 in the statistical companion to the Annual Report.

Efforts to increase clinical privileges reporting and research into the issue of clinical privileges reporting are making a difference and are continuing: The NPDB and DPDB have been conducting research on the reporting issue and working with relevant organizations to try to ensure that actions that should be reported actually are reported. However, even with some progress in these efforts, the number of clinical privileges actions reported remains low. For this reason, PricewaterhouseCoopers was contracted by DPDB to develop and test a methodology for gaining access to needed records on clinical privileges actions to ensure compliance with NPDB reporting requirements. The project was designed to determine whether hospitals and managed care organizations will voluntarily participate in clinical privileges reporting compliance audits and to develop a methodology for such audits. Hospitals and Managed Care Organizations (MCOs) proved to be reluctant to participate in voluntary audits, although the methodology worked well in the few entities that agreed to participate in testing it.

Less than half of non-Federal hospitals with "active" NPDB registrations had reported an action to the NPDB: As of December 31, 2003, 53.4 percent of non-Federal hospitals registered with the NPDB and in "active" status had never reported a clinical privileges action to the NPDB. Percentages of "active"[22] registered non-Federal hospitals that had never reported an action to the NPDB range from 26.7 percent in Rhode Island to 79.3 percent in South Dakota. This percentage of non-reporters has steadily decreased over the years. Analysis in a previous year showed that clinical privileges reporting seems to be concentrated in a few facilities even in States which have comparatively high over-all clinical privileges reporting levels. This pattern may reflect a willingness (or unwillingness) to take reportable adverse clinical privileges actions more than it reflects a concentration of problem physicians in only a few hospitals.

States showed extreme variations in clinical privileges reporting and adverse State licensure action reporting: The ratio of adverse Clinical Privileges Action Reports (excluding

[21] "Adverse Action Reports" is a generic term for all licensure action, clinical privileges action, Exclusion action, DEA action, and professional society action reports. This includes reports of truly adverse actions (revocations, probations, suspensions, reprimands, etc.) reported in accordance with Sections 60.8 and 60.9 of the NPDB regulations as well as reports for non-adverse "Revisions" (reinstatements, reductions of penalties, reversals of previous actions, restorations, etc.) reported under Section 60.6.

[22] "Active" registration excludes formerly registered hospitals which have closed, merged into other hospitals, etc.

reinstatements, etc.) to adverse State Licensure Action Reports (again excluding reinstatements, etc.) ranged from a low of one adverse Clinical Privileges Action Report for every 8.1 adverse State Licensure Action Reports in Virginia to a high of 1.45 adverse Clinical Privileges Action Reports in Nevada for every adverse State Licensure Action Report (i.e., more adverse Clinical Privilege Action Reports than adverse State Licensure Action Reports). While these ratios reflect variations in the reporting of both State licensure actions and clinical privileges actions, the extreme variation from State to State is instructive. It seems likely that the extent of the observed differences may at least in part reflect variations in willingness to take actions rather than a substantial difference in the conduct or competence of the physicians practicing in the various States.

Most State licensure actions for physicians and dentists were adverse (i.e., are not reinstatements, etc.): For physicians, 87.4 percent of all State licensure actions reported to the NPDB had been adverse in nature.[23] For dentists, about 94.1 percent had been adverse. In Nevada, all reported physician State licensure actions had been adverse. This contrasts with South Carolina, in which only 73.1 percent of the physician State licensure actions had been adverse.

One measure of how active States were in taking actions against dentists and physicians was their percentage of adverse State licensure actions for in-State practitioners: Physicians and dentists are often licensed in more than one State. If one State takes a licensure action, other States often take a parallel or reciprocal action because of the first State's action. Typically the practitioner is actively practicing in the first State which takes action (defined as an "in-state physician"); actions taken by the other States in which the practitioner is licensed prevent the practitioner from shifting his or her practice to the other States, but these actions do not reflect the extent of actions taken by the boards in relation to problems occurring in their States.

Overall, almost three-fourths of physicians' adverse State licensure actions were for in-State physicians: Nationally, as a whole, 73.8 percent of State licensure actions were both adverse and pertain to in-State physicians. There was a wide range of percentages, from a low of 48.1 percent of all adverse licensure actions for in-State physicians in Pennsylvania to a high of 91.7 percent in Oregon. Twelve States had more than 80 percent of their adverse State licensure actions concerning in-State physicians.

[23] "Adverse Action Reports" is a generic term for all licensure action, clinical privileges action, Exclusion action, DEA action, and professional society action reports. This includes reports of truly adverse actions (revocations, probations, suspensions, reprimands, etc.) reported in accordance with Sections 60.8 and 60.9 of the NPDB regulations as well as reports for non-adverse "Revisions" (reinstatements, reductions of penalties, reversals of previous actions, restorations, etc.) reported under Section 60.6.

Almost all dentist State licensure actions were adverse and affect in-State dentists: Nationally, as a whole, 93.1 percent of State licensure actions were both adverse and pertain to in-State dentists. Percentages ranged from a low of 66.7 percent in Vermont to a high of 100.0 percent in six States in which all dental State licensure actions were adverse and pertained to in-State dentists.

Multiple Reports

Physicians With Multiple Reports Also Tend to Have Other Types of Reports

Most reported physicians had only one report, usually a Medical Malpractice Report, but there were also some who had multiple reports of different types. Physicians with multiple reports of different types have certain characteristics that the following narrative explains in detail. For more information about these characteristics, see Tables 19 and 20 in the statistical companion to the Annual Report.

Over two-thirds of physicians had only one report, one in five had only two reports, and very few had more than five: At the end of 2003, a total of 205,732 individual practitioners had disclosable reports in the NPDB. Of these, 141,971 (69.0 percent) were physicians. As shown in Figure 2 on the next page, most physicians (67.1 percent) with reports in the NPDB had only one report, but the mean number of reports per physician was 1.80. Physicians with only two reports made up 18.9 percent of the total. About 97.5 percent had five or fewer reports and 99.6 percent of physicians with reports had ten or fewer reports. Only 799 (0.4 percent of physicians with reports) had more than 10 reports.

Most physicians with reports had only Medical Malpractice Payment Reports: Of the 141,971 physicians with reports, 116,496 (82.1 percent) had only Malpractice Payment Reports; 8,473 (6.0 percent) had only State Licensure Action Reports; 2,606 (1.8 percent) had only Clinical Privileges Action Reports; and 1,423 (1.0 percent) had only Medicare/Medicaid Exclusion Reports.

About one in twenty had a Malpractice Payment Report and another type of report: Notably, only 6,902 (4.9 percent) had at least one Malpractice Payment Report and at least one Stare Licensure Action Report, and only 3,492 (2.5 percent) had at least one Malpractice Payment Report and at least one Clinical Privileges Action Report. Only 1,577 (1.1 percent) had Malpractice Payment, State Licensure Action, and Clinical Privileges Action Reports. Only 315 (0.2 percent) had at least one malpractice payment, State Licensure Action, Clinical Privileges Action, and Exclusion Report at the end of 2003.

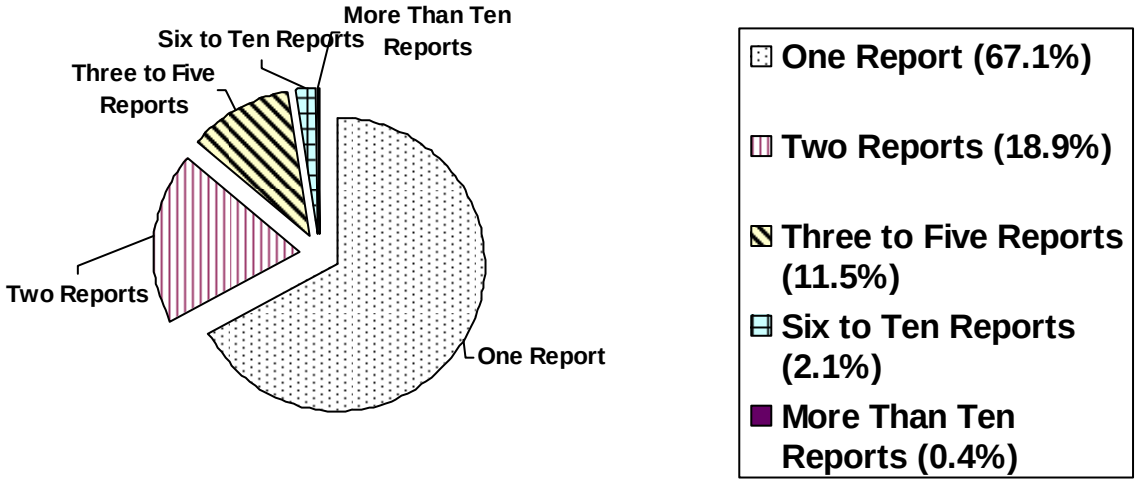
Physicians with high numbers of Malpractice Payment Reports tended to have at least some Adverse Action Reports[24] and Medicare/Medicaid Exclusion Reports, and vice versa: Although 94.9 percent of the 86,057 physicians with only one Malpractice Payment Report in the NPDB had no Adverse Action Reports, only 58.8 percent of the 388 physicians with ten or more Malpractice Payment Reports had no Adverse Action Reports. Generally, the

[24] Adverse Action Reports discussed in this paragraph do not include Medicare/Medicaid Exclusion Reports.

data show that as a physician's number of Malpractice Payment Reports increases, the likelihood that the physician has Adverse Action Reports[25] also increases.

Physicians with at least two Malpractice Payment Reports were responsible for the majority of Malpractice Payment Reports for physicians: Approximately 31.4 percent of the 125,537 physicians with Malpractice Payment Reports had two or more such reports. These 39,480 physicians had a total of 99,685 Malpractice Payment Reports. This was 56.2 percent of the 196,299 Malpractice Payment Reports in the NPDB for physicians.

Figure 2: Percentage of Physicians with Number of Reports in the NPDB (1990-2003)



A few physicians were responsible for a large proportion of malpractice payment dollars paid: The one percent of physicians with the largest total-payments in the NPDB were responsible for about 12 percent of all the money paid for physicians in malpractice judgments or settlements reported to the NPDB since its opening in 1990. The five percent of physicians with the largest total payments in the NPDB were responsible for just under a third of the total dollars paid for physicians over the period. Eleven percent of physicians were responsible for half of all malpractice dollars paid, or settlements from September 1, 1990 through December 31, 2003.

[27] "Adverse Action Reports" is a generic term for all licensure action, clinical privileges action, Exclusion action, DEA action, and professional society action reports. This includes reports of truly adverse actions (revocations, probations, suspensions, reprimands, etc.) reported in accordance with Sections 60.8 and 60.9 of the NPDB regulations as well as reports for non-adverse "Revisions" (reinstatements, reductions of penalties, reversals of previous actions, restorations, etc.) reported under Section 60.6.

Types of Practitioners Reported

Physicians, Dentists Are Reported Most Often to the NPDB

Physicians make up the majority of practitioners reported to the NPDB, having about seven out of ten reports in the NPDB. The following describes the number of practitioners reported to the NPDB and the number of reports for each practitioner type. For more information about types of practitioners reported, see Table 21 in the statistical section of this Annual Report.

Physicians, most of whom only have one report, were predominant in the NPDB: Of the 205,732 practitioners reported to the NPDB, 69.0 percent were physicians (including M.D. and D.O. residents and interns), 13.5 percent were dentists, 7.9 percent were nurses and nursing-related practitioners, and 2.9 percent were chiropractors. About two-thirds of physicians with reports (67.1 percent) had only one report in the NPDB, 86.0 percent had two or fewer reports, 97.5 percent had five or fewer, and 99.6 percent had 10 or fewer. Few physicians had both Medical Malpractice Payment Reports and Adverse Action Reports. Only 2.2 percent had at least one report of both types.

Physicians had more reports per practitioner than any other practitioner group: Physicians had the highest average number (1.80) of reports per reported physician, and dentists, the second largest group of practitioners reported, had an average of 1.63 reports per reported dentist. Podiatrists and podiatric-related practitioners, who had 1.70 reports per reported practitioner, also had a high average of reports per practitioner as well as more than 6,400 total reports. Comparison between physicians and dentists and other types of practitioners, however, would be misleading since reporting of State licensure, clinical privileges, and professional society membership actions is required only for physicians and dentists.

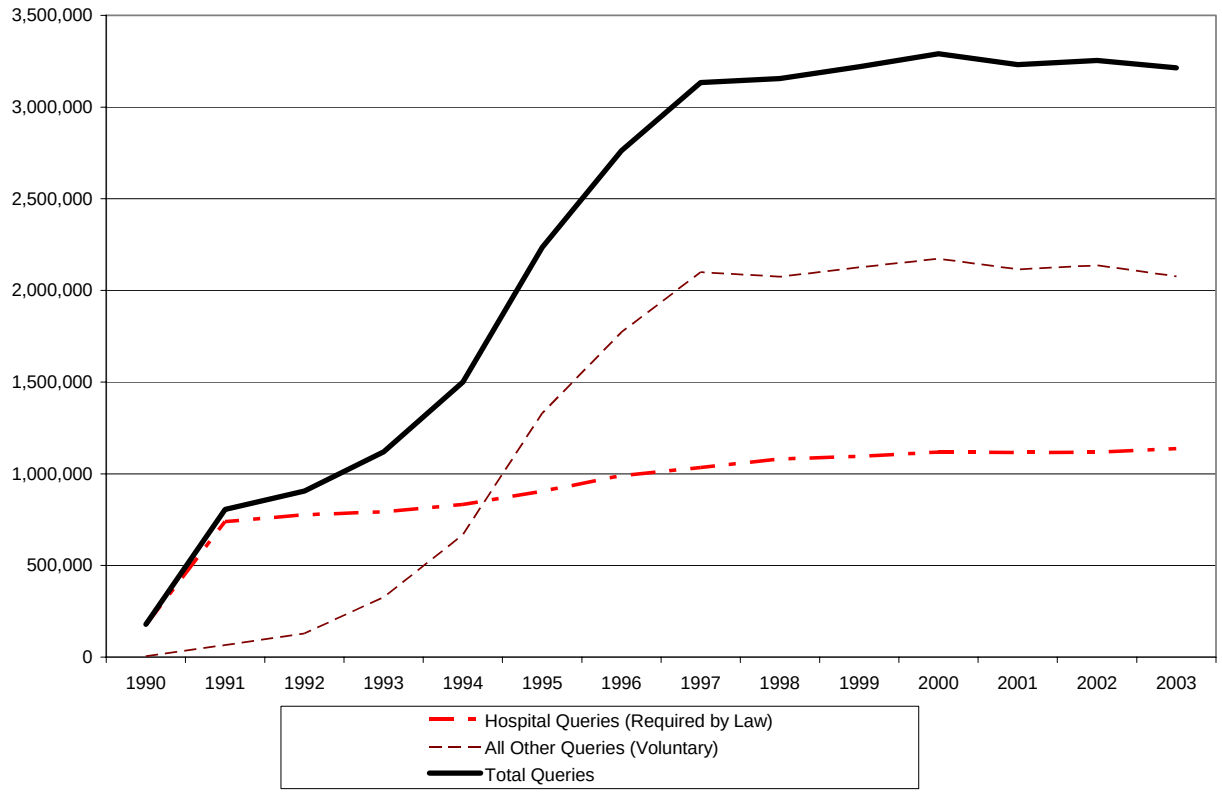
Querying

Querying Decreased Slightly in 2003; Match Rate Increased

The NPDB experienced a slight decrease (1.2 percent) in querying during 2003. The number of entity queries decreased from 3,254,506 in 2002 to 3,214,081 in 2003. This was a reversal of a slight increase in querying last year.

The 2003 count represents an average of one query every 10 seconds. It is about 4 times as many queries as the 809,844 queries processed during the NPDB's first full year of operation, 1991. Over the 13 years the NPDB has been open and extending to December 31, 2003, there have been cumulatively 32,009,879 entity queries. The following graph, Figure 3, gives more information about the types of queries to the NPDB. For additional information about querying, see Tables 22 through 25 in the statistical section of this Annual Report.

Figure 3: Queries by Querier Type (September 1, 1990 - December 31, 2003)



Entity queriers showed they valued information with large number of queries over NPDB's existence: Over time NPDB information has become much more valuable to users. The number of voluntary queries (those not required by law) from entities grew from 65,269 in 1991 to 2,076,408 in 2003, an increase of over 3,181 percent. Voluntary queries represented 64.6 percent of all entity queries during 2003.

Hospitals, which are required to query the NPDB, also increased querying over time: The growth in required queries by hospitals has not been as large as that of voluntary queriers. Their queries increased by 53.7 percent from 740,262 in 1991 (the NPDB's first full year of operation), to 1,137,673 queries in 2003. Hospitals are required to query for all new applicants for privileges or staff appointment, existing applicants when changes in privileges occur, and once every 2 years concerning their privileged staff. They made most of the queries to the NPDB in its first few years of operation. Hospitals may voluntarily query for other peer review activities, but for analysis purposes it is assumed all hospital queries are required.

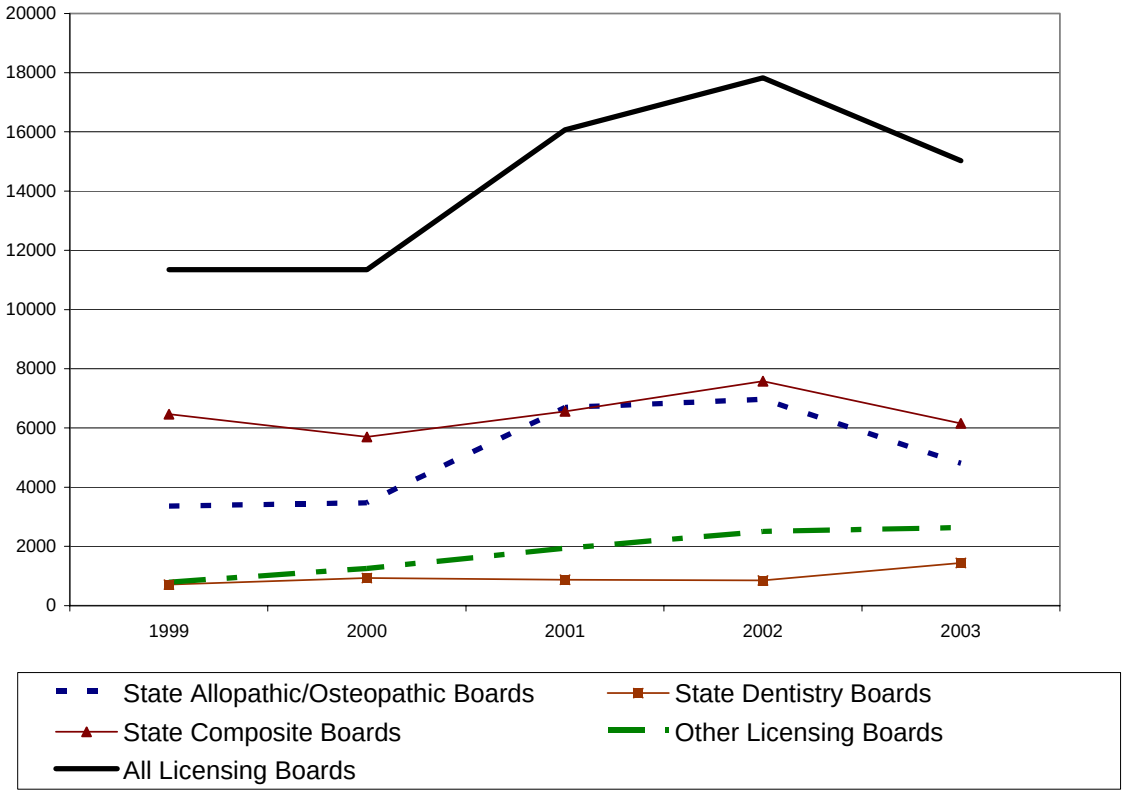
MCOs submitted almost half of all voluntary entity queries: Managed care organizations (MCOs) are the most active voluntary queriers. MCOs in this case are defined as including HMOs and PPOs. Although they represented 8.5 percent of all querying entities during 2003 and 11.6 percent of all entities that have ever queried the NPDB, they made 48.0 percent of all queries during 2003 and have been responsible for 45.6 percent of queries ever submitted to the NPDB.

State licensing boards made less than one percent of all queries: State licensing boards made 0.5 percent of queries during 2003 and 0.5 percent cumulatively. (The low volume of State board queries may be explained by the fact that entities are required to provide State boards copies of reports when they are sent to the NPDB so the boards do not need to query to obtain reports for in-State practitioners and by the fact that some boards require practitioners to submit self-query results with applications for licensure.) Figure 4 on the next page shows the number of State board queries by year and the decrease in queries for 2003.

Other entities also requested information from the NPDB: Other health care entities made 15.9 percent of the queries in 2003 and 13.3 percent cumulatively. Examples of other health care entities include health maintenance organizations (HMOs), preferred provider organizations (PPOs), group practices, nursing homes, rehabilitation centers, hospices, renal dialysis centers, and free-standing ambulatory care and surgical service centers. Professional societies were responsible for 0.3 percent of queries during 2003 and cumulatively.

Entities submitted most of their queries for physicians and dentists: Queriers request information on many types of practitioners, but mostly query on physicians and dentists. During a sample period in October and November 2003, allopathic physicians were the subject of by far the most queries; 66.6 percent of queries submitted concerned allopathic physicians, interns and residents. The second largest category, dentists, accounted for 5.7 percent of all queries. Osteopathic physicians accounted for 3.9 percent, clinical social workers for 2.9 percent, psychologists for 2.4 percent, and chiropractors accounted for 1.9 percent.

Figure 4: Number of State Licensing Board Queries by Year (1999-2003)



Query match rate continued to rise in 2003: When an entity submits a query on a practitioner, a match occurs when that individual is found to have a report in the NPDB. The 440,830 entity queries matched during 2003 represented a match rate of 13.7 percent. Although the match rate has steadily risen since the opening of the NPDB, we hypothesize that it will plateau once the NPDB has been in operation for the same length of time as the average practitioner practices, all other factors (such as malpractice payment rates for older and younger physicians) remaining constant.

A "no match" response is useful and valuable to queriers: About 86.3 percent of entity queries submitted in 2003 received a "no match" response from the NPDB, meaning that the practitioner in question does not have a report in the NPDB. This does not mean, however, that there was no value in receiving these responses. In a 1999 study of NPDB users by the Institute for Health Services Research and Policy Studies at Northwestern University and the Health Policy Center Survey Research Laboratory at the University of Illinois at Chicago, three-quarters of surveyed queriers rated NPDB information, including responses that there were no reports in the NPDB on a queried practitioner, a "six" or a "seven," with seven representing "very useful" on a one to seven scale. A majority of surveyed queriers rated NPDB information influential in decision-making regarding practitioners (6 and 7 on a 7 point scale). At the end of 2003, a "no match" response to a query confirmed that a practitioner has had no reports in over 13 years. These responses will become even more valuable as the NPDB continues to receive reports.

Self-queries increased during 2003, but most do not show reports for practitioners: In addition to entity queries, the NPDB also processes self-queries from practitioners seeking copies of their own records, which includes 42,214 self-query requests during 2003. The 2003 number of self-queries represented an increase of 11.7 percent from the number of self-queries processed during 2002 but represented a decrease of 19.8 percent from the record 52,603 self-queries processed during 1997. Of the self-query requests during 2003, 4,174 (9.9 percent) were matched with reports in the NPDB. Cumulatively from the opening of the NPDB, 455,989 self-queries have been processed; 38,104 (8.4 percent) of these queries were matched with reports in the NPDB.

Physicians, dentists, and counselors submitted most of the NPDB self-queries: As shown in Table 25, many types of practitioners request information on themselves, but the majority of them are physicians. During a sample period in October and November 2003, allopathic physicians and allopathic physician interns/residents made the most self-queries (73.3 percent of all self-queries). Osteopathic physicians and osteopathic physicians/interns made the second largest number of self-queries (6.4 percent of all self-queries), dentists the third largest (4.8 percent), and clinical social workers the fourth largest (2.4 percent). Some licensure boards, malpractice insurers, or health care service providers may request that practitioners submit self-query results with their applications for licensure, malpractice insurance, clinical privileges, panel participation, etc. The level of self-querying and types of self-queries may be influenced by these requests.

NPDB Reporters and Queriers

The NPDB receives information from and provides information to registered entities that certify that they meet the eligibility requirements of the HCQIA. The following gives some information about these entities. Some entities have (or had in the past) multiple registration numbers either simultaneously or sequentially, so the data may not necessarily reflect the actual number of individual entities which have reported to or queried the NPDB. For more information, see Table 26 in the statistical section of the Annual Report.

About four out of ten registered entities that have reported or queried were hospitals: A total of 14,189 registered entities had active[26] status as of December 31, 2003. At the end of 2003, hospitals accounted for 6,347 (44.7 percent) of the NPDB's active registered entities. Managed Care Organizations accounted for 1,339 active registrations (9.4 percent), and other Health Care Entities[27] held 5,840 active registrations (41.2 percent). The 381 malpractice insurers with active registrations accounted for only 2.7 percent of all active registrations. Other categories accounted for even smaller percentages of the NPDB's active registrations at the end of 2003.

About four out of ten registered entities active at any time over the NPDB's existence were hospitals: A total of 18,435 registered entities were ever active over the NPDB's existence. Hospitals accounted for 7,831 (42.5 percent) of the entities which had ever registered with the NPDB and had queried or reported at least once. MCOs accounted for 2,064 registrations at any time (11.2 percent), and other Health Care Entities held 7,357 registrations (40.0 percent). The 767 malpractice insurers ever registered accounted for only 4.2 percent of all registrations. Other categories accounted for even smaller percentages of the NPDB's registrations throughout its existence.

[26] "Active" registration excludes formerly registered hospitals which have closed, merged into other hospitals, etc.

[27] Other Health Care Entities must provide health care services and follow a formal peer review process to further quality health care. The phrase "provides health care services" means the delivery of health care services through any of a broad array of coverage arrangements or other relationships with practitioners by either employing them directly, or through contractual or other arrangements. This definition specifically excludes indemnity insurers that have no contractual or other arrangement with physicians, dentists, or other health care practitioners. Examples of other health care entities may include nursing homes, rehabilitation centers, hospices, renal dialysis centers, and free-standing ambulatory care and surgical service centers.

Ensuring Accurate Reports: Secretarial Review

In the dispute and Secretarial Review process, practitioners get a chance to challenge reports that they feel should be changed or should not be in the data bank(s) because they are either inaccurate or should not have been filed under data bank(s) regulations. Only a small percentage of reports are disputed, though, and those that have gone through Secretarial Review usually have been upheld by the Secretary as being accurate and reportable. The following narrative explains the process of NPDB disputes and Secretarial Reviews. For more information about Secretarial Review data, see Tables 27 through 29 in the statistical section of the Annual Report.

Practitioners must go through an established administrative process when disputing a report, including working through the reporting entity to change the report: When practitioners are notified of a report in the NPDB-HIPDB that they believe is inaccurate or should not have been filed, they may dispute the report and/or insert their own statement. Before requesting Secretarial Review, they must first contact the reporting entity to correct the matter. When the NPDB-HIPDB receives a dispute from a practitioner, notification of the dispute is sent to all queriers who received the report within the last 3 years and is included with the report when it is released to future queriers.

If the reporting entity does not change the disputed report to the practitioner's satisfaction, then the practitioner may ask the Secretary of HHS to review the disputed report: When asking for Secretarial Review, the practitioner must send documentation to the NPDB-HIPDB that briefly discusses the facts in dispute, documents the inaccuracy of the report, and proves that he or she tried to resolve the disagreement with the reporting entity.

Secretarial Reviews are limited to accuracy and appropriateness of reporting, not the underlying decision to make a malpractice payment or take an adverse action: Secretarial Review does not include a review of the merits of a medical malpractice claim or the basis for an adverse action. Reviews are limited to factual accuracy and whether the report was submitted in accordance with the NPDB reporting requirements. All other reasons (such as a claim that although a malpractice payment was made for the benefit of the named practitioner, the named practitioner did not really commit malpractice or that there were extenuating circumstances) are "outside the scope of review." Factual accuracy means that the report accurately described the practitioner and the payment or action and reasons for the payment or action as reflected in decision documents.

Reviewed reports can be determined to be accurate or inaccurate: If the Secretary concludes the information in the report is accurate, the Secretary sends an explanation of the decision to the practitioner. The practitioner may then submit a statement (limited to 2,000 characters) that is added to the report. If the practitioner had already submitted a statement, any new statement will replace the original statement. If a report is determined to be inaccurate, the

Secretary will request that the reporting entity file a correction. If no correction is forthcoming the Secretary notes the correction in the report. The Secretary can only remove ("void") a report from the NPDB if it was not legally required or permitted to be submitted.

Issues raised also can be determined to be "outside the scope of review": The Secretary also may conclude that the issue in dispute is outside the scope of review, i.e., that the only issues raised concern whether a payment should have been made or an action should have been taken. The Secretary cannot substitute his or her judgment on the merits for that of the entity that made the payment or took the action. In such cases determined to be "outside the scope of review," the Secretary directs the NPDB-HIPDB to add an entry to that effect to the report and to remove the dispute notation from the report. The practitioner may also submit a statement that is added to the report.

Reviews may be administratively dismissed or reconsidered: The Secretary may administratively dismiss requests for Secretarial Review if the practitioner does not provide required information or if the matter is resolved with the reporting entity to the satisfaction of the practitioner while the Secretarial Review is in process. Practitioners may ask for a reconsideration of a Secretarial Review decision.

Queriers are informed about a report's status as "disputed": Practitioners who have disputed reports must attempt to negotiate with entities that filed the reports to revise or void the reports before requesting Secretarial Review. The fact that a report is disputed simply means that the practitioner disagrees with the accuracy of the report. When disputed reports are disclosed to queriers, they are notified that the practitioner disputes the accuracy of the report.

The majority of disputed reports were for medical malpractice payments: At the end of 2003, a total of 12,947 reports, or 3.8 percent of all reports, were disputed. This number was made up of 1,970 State Licensure Action reports, 1,758 Clinical Privileges Action Reports, 32 Professional Society Membership Reports, 15 DEA reports, 277 Exclusion actions, and 8,895 Malpractice Payment Reports. Exclusion Reports for actions taken prior to August 21, 1996[28] cannot be disputed with the NPDB.

Clinical Privileges Action Reports had the biggest percentage of reports that were disputed among the types of reports: Disputed reports constituted 4.0 percent of all State Licensure Action Reports, 14.1 percent of all Clinical Privileges Action Reports, 6.7 percent of Professional Society Membership Reports, 4.2 percent of DEA reports, and 3.6 percent of Malpractice Payment Reports.

Secretarial Reviews decreased by almost a half from 2002 to 2003: Requests for review by the Secretary decreased by 45.1 percent from 2002 to 2003. A total of 53 requests for

[28]Exclusion actions taken before August 21, 1996 are included in the NPDB by a memorandum of agreement between HRSA, Centers for Medicare and Medicaid Services (formerly HCFA), and Department of Health and Human Services Office of Inspector General. Exclusion actions taken on August 21, 1996 and later are reported to the HIPDB by law and are disputed under the normal process. HIPDB Secretarial Review decisions on these reports also apply to the NPDB.

review by the Secretary were received during 2003 compared to 118 in 2002. This decrease reflects the fact that procedures were changed so that cases in which the practitioner does not respond to repeated requests by the NPDB to submit requested information needed to certify the case to the Secretary are no longer forwarded to the Secretary and are no longer included in the count of cases. Bearing in mind that requests for Secretarial Review during a given year cannot be tied directly to either reports or disputes received during the same year, we can still approximate the relationship between requests for Secretarial Review, disputes, and reports. During 2003, the number of new requests for Secretarial Review was 0.2 percent of the number of new Malpractice Payment Reports and Adverse Action Reports received by the NPDB.

Adverse Action Reports[29] were more likely to be appealed to the Secretary than were Malpractice Payment Reports: During 2003, 92.5 percent (49 requests) of all requests for Secretarial Review concerned adverse actions (i.e., State Licensure Action, Clinical Privileges Action, or Professional Society Membership Reports) even though only 28.3 percent of all 2003 reports fell in this category. While about three-fourths of reports in the NPDB are for malpractice payments, nine out of ten of the reports in Secretarial Review are for Adverse Action Reports. Within the adverse action category, Clinical Privileges Action Reports represented 67.9 percent of all reports involved in Secretarial Review.

Most resolved Secretarial Reviews in 2003 resulted in unchanged reports: At the end of 2003, 10 (18.9 percent) of the 53 requests for Secretarial Review received during the year remained unresolved. Of the 43 new 2003 cases which were resolved, none were voided. Reports were not changed (Secretary maintained report as submitted or Secretary decided the Secretarial Review request was outside the scope of review[30]) in 33 cases (76.7 percent) of the 2003 cases which were resolved. For nine cases the result was submission of a corrected report by the reporting entity, closing the case by "intervening action." Generally the corrections were filed at the request of the Secretary.

About one in nine of all Secretarial Reviews had resulted in outcomes that were beneficial for the practitioners: By the end of 2003, 16.3 percent of all closed requests for Secretarial Review had resulted in outcomes that were beneficial to the practitioner (a void of a report, a change in the report, or a closure because of an intervening action, such as the entity changing the report to the practitioner's satisfaction.) At the end of 2003, 1.3 percent of all requests for Secretarial Review remained unresolved. Only 69 (11.4 percent) of the total of 605 Malpractice Payment Reports with completed Secretarial Reviews (the total number of requests

[29] "Adverse Action Reports" is a generic term for all licensure action, clinical privileges action, Exclusion action, DEA action, and professional society action reports. This includes reports of truly adverse actions (revocations, probations, suspensions, reprimands, etc.) reported in accordance with Sections 60.8 and 60.9 of the NPDB regulations as well as reports for non-adverse "Revisions" (reinstatements, reductions of penalties, reversals of previous actions, restorations, etc.) reported under Section 60.6.

[30] Out-of-scope determinations are made when the issues at dispute can not be reviewed because they do not challenge the information's accuracy or its requirement to be reported to the NPDB, e.g. the practitioner claims not to have committed malpractice. The Secretary can only determine whether a payment was made and if the report is otherwise accurate. If a payment was made, a report of the payment must remain in the NPDB. Whether or not the practitioner committed malpractice is not relevant to keeping the payment report in the NPDB.

minus the number of unresolved requests) have resulted in outcomes that were beneficial to the practitioner. In the case of reviews of clinical privileges actions, 113 (17.4 percent) of the 650 closed requests resulted in a positive outcome. For licensure actions, 75 (24.0 percent) of the 313 closed requests resulted in a positive outcome, and for professional society membership actions, six closed requests (33.3 percent) resulted in a positive outcome.

NPDB: Now and in the Future

The NPDB to Continue Improving Its Operations in 2004

The NPDB plans several improvements to its operations and future policy initiatives in 2004. It will also continue updating and organizing its Web site, www.npdb-hipdb.com, to make it easier for customers to find information.

The following are improvements that will likely be made to the NPDB-HIPDB system in 2004:

- Medical Malpractice Payment Reports (MMPR) will be enhanced based primarily on recommendations made by a panel of MMPR reporters and NPDB Executive Committee members representing the medical malpractice industry convened by the Center for Health Policy Studies (CHPS). DPDB contracted with CHPS to identify ways to improve the quality and accuracy of information in MMPR reports. Changes include: collecting in separate fields information previously reported in the narrative Description of Act(s) or Omission(s) field; replacing the old Act(s) or Omission(s) code list with two new code lists; permitting reporters to submit up to five other names (or aliases) used by the practitioner (rather than one); and requiring reporters to specify the type of practitioner being reported when Field of Licensure code of 699 (Other Health Care Practitioner – Not Classified) is selected.

- The output documents that queriers are provided to summarize queries and results will have their length reduced and the information will be put in a more user-friendly format.

- Data integrity capability of the IQRS will continue to be enhanced.

- Additional changes that were recommended by the IQRS URP and during the Proactive Disclosure Service (PDS) User Discussions will be implemented. They will include capturing multiple entity e-mail addresses to improve communications capabilities to all users; notifying users of duplicate records in their subject database; and enhancing sorting capabilities of the subject database.

Some of the policy initiatives that will likely take place in 2004 include:

- A customer satisfaction survey of users and non-users of the NPDB-HIPDB will be conducted in 2005. In 2004, the organization that will be performing this survey will likely be selected.

- The data banks will compare 2002 information from the National Association of Insurance Commissioners (NAIC) “Annual Statement” documents from medical

malpractice insurers to 2002 report data in the NPDB. The comparison's goals are to examine the level of compliance with Medical malpractice payment reporting requirements, identify specific under-reporting insurers, and obtain required reports. If insurers discover unreported 2002 malpractice payments, they must submit reports on these payments to the NPDB.

- Continual reporting enforcement efforts, including comparing the data bank registrations of hospitals with the American Hospital Association (AHA) Guide, are ongoing to ensure all hospitals are properly querying and reporting to the data banks.

- DPDB will join with AHRQ staff to organize a joint conference addressing practitioner monitoring roles and responsibilities of physician practice groups and Managed Care organizations (MCOs). This conference, the AHRQ/HRSA National Conference on Assessing Practitioner Monitoring Roles and Responsibilities of Physician Practice Groups and Managed Care Organizations, will take place November 8-9, 2004. Approximately fifty experts will be invited to participate in the conference, which was recommended by the HHS OIG.

- An IQRS Users Group meeting will be held at the Michigan Association of Medical Staff Services, and a presentation on the data banks will also be given at the meeting.

- DPDB will work with the National Council of State Boards of Nursing to improve reports submitted by the Council as the agent of many State nursing boards.

Conclusion: NPDB Continues to Grow, Become More Useful

The total number of reports in the NPDB now exceeds 344,000 and the cumulative number of queries is more than 32 million. Although Medical Malpractice Payment Reports still represent the majority of reports in the NPDB, an increasing number of Adverse Action Reports (e.g., Medicare/Medicaid Exclusion, State Licensure Action, Clinical Privileges Action, Professional Society Membership, and Federal Licensure and DEA reports) have been entered into the NPDB. Several compliance projects are studying ways to make sure that the NPDB is receiving all the reports it should be, data improvement efforts are ensuring the accuracy of NPDB reports, and a project to market the benefits of the NPDB to reporters and queriers is being implemented.

As NPDB information accumulates, the NPDB's value as a source of aggregate information and its public use data for research increases, and its usefulness as an information clearinghouse for eligible queriers about specific practitioners grows. Over time, the data generated will provide useful information on trends in malpractice payments, adverse actions, and professional disciplinary behavior. Most importantly, however, the NPDB will continue to benefit the public by serving as an information clearinghouse that facilitates comprehensive peer review, and thereby, improves U.S. health care quality.

The "Third Generation" contract for the data banks continues to update and improve the Integrated Querying and Reporting Service (IQRS). System improvements – such as migrating to faster Sun servers and allowing users to save credit cards and subject information in the IQRS – continue to be made to better serve the NPDB's customers. The continuing work to educate users about the NPDB and improve the data and reporting compliance ensures the NPDB will remain a prime source of medical malpractice and disciplinary information. This supports the legislative intent to protect the public by restricting the ability of incompetent or unprofessional practitioners to move from State to State without disclosure or discovery of their past history.

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Glossary of Acronyms

AHIP – America's Health Insurance Plans

BHPr - Bureau of Health Professions

CMS - Centers for Medicare and Medicaid Services

DEA - Drug Enforcement Administration

FSMB – Federation of State Medical Boards

HHS - Department of Health and Human Services

D.O. - Doctor of Osteopathy

DOD - Department of Defense

DPDB - Division of Practitioner Data Banks

DVA - Department of Veterans Affairs

HCQIA – The Health Care Quality Improvement Act of 1986, as amended 42 USC, Sec. 11101 01/26/98

HIPDB - Healthcare Integrity and Protection Data Bank

HMO - Health Maintenance Organization

HRSA - Health Resources and Services Administration

ICD - Interface Control Document

IQRS - Integrated Querying and Reporting Service

MCO - Managed Care Organization

M.D. - Doctor of Medicine (Allopathic Physician)

MMER - Medicare/Medicaid Exclusion Report

MMPR - Medical Malpractice Payment Report

MOU - Memorandum of Understanding

NAIC - National Association of Insurance Commissioners

NPDB - National Practitioner Data Bank

NPRM - Notification of Proposed Rule Making

OIG - Office of Inspector General

PPO - Preferred Provider Organization

SRA - SRA International, Inc.

Statistical Index: List of Tables

Table 1: Number and Percent Distribution of Reports by Report Type, Last Five Years and Cumulative

Table 2: Number of Reports Received and Percent Change by Report Type, Last Five Years

Table 3: Number, Percent Distribution, and Percent Change of Medical Malpractice Payment Reports by Practitioner Type, Last Five Years and Cumulative

Table 4: Mean and Median Medical Malpractice Payment Amounts by Malpractice Reason, 2003 and Cumulative - Physicians

Table 5: Mean and Median Delay Between Incident and Payment by Malpractice Reason, 2003 and Cumulative – Physicians

Table 6: Number of Medical Malpractice Payment Reports by Malpractice Reason – Nurses (Registered Nurses, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners)

Table 7: Mean and Median Medical Malpractice Payment Amounts by Malpractice Reasons, 2003 and Cumulative - Nurses (Registered Nurses, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners)

Table 8: Actual and Adjusted Medical Malpractice Payment Reports and Ratio of Adjusted Medical Malpractice Payment Reports by State - Physicians and Nurses (Registered Nurses, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners)

Table 9: Mean and Median Medical Malpractice Payment Amounts by Malpractice Reason, 2003 and Cumulative - Physician Assistants

Table 10: Actual and Adjusted Medical Malpractice Payment Reports and Ratio of Adjusted Medical Malpractice Reports by State - Physicians and Dentists

Table 11: Number of Medical Malpractice Payment Reports by State, Last Five Years - Physicians

Table 12: Number of Medical Malpractice Payment Reports by State, Last Five Years - Dentists

Table 13: Mean and Median Medical Malpractice Payment and Mean and Median Delay Between Incident and Payment by State, 2003 and Cumulative - Physicians

Table 14: Number, Percent Distribution, and Percent Change of Adverse Action and Medicare/Medicaid Exclusion Reports by Practitioner Type, Last Five Years and Cumulative

Table 15: Currently Active Registered Non-Federal Hospitals That Have Never Reported to the National Practitioner Data Bank by State

Table 16: Clinical Privilege Reports and Ratio of Adverse Clinical Privileges Reports to Adverse In-State Licensure Reports by State - Physicians

Table 17: Cumulative Licensure Actions by State - Physicians

Table 18: Cumulative Licensure Actions by State - Dentists

Table 19: Relationship Between Frequency of Physician Medical Malpractice Payment Reports, Adverse Action Reports, and Medicare/Medicaid Exclusion Reports

Table 20: Relationship Between Frequency of Physician Adverse Action Reports, Medical Malpractice Payment Reports, and Medicare/Medicaid Exclusion Reports

Table 21: Practitioners with Reports

Table 22: Number, Percent, and Percent Change in Queries and Queries Matched, Last Five Years and Cumulative

Table 23: Queries by Type of Querying Entity, Last Five Years and Cumulative

Table 24: Number of Queries by Practitioner Type

Table 25: Self-Queries and Self-Queries Matched With Reports By Practitioner Type

Table 26: Entities That Have Queried or Reported to the National Practitioner Data Bank at Least Once by Entity Type

Table 27: Requests for Secretarial Review by Report Type, Last Five Years and Cumulative

Table 28: Distribution of Requests for Secretarial Review by Type of Outcome, Last Five Years and Cumulative

Table 29: Cumulative Resolved Requests for Secretarial Review by Report Type and Outcome Type

Table 1: Number and Percent Distribution of Reports by Report Type, Last Five Years and Cumulative through 2003
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

Report Type	1999		2000		2001		2002		2003		Cumulative through 2003	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Malpractice Payment Reports	**18,987**	**71.6%**	**19,390**	**53.2%**	**20,571**	**74.1%**	**18,975**	**70.4%**	**19,007**	**71.7%**	**250,309**	**72.7%**
Adverse Action Reports*	**7,528**	**28.4%**	**17,085**	**46.8%**	**7,195**	**25.9%**	**7,959**	**29.6%**	**7,490**	**28.3%**	**94,199**	**27.3%**
State Licensure	4,053	15.3%	4,468	12.2%	3,158	11.4%	4,095	15.2%	4,057	15.3%	48,643	14.1%
Clinical Privilege	935	3.5%	1,044	2.9%	1,030	3.7%	977	3.6%	999	3.8%	12,464	3.6%
Professional Society Membership	18	0.1%	28	0.1%	33	0.1%	45	0.2%	46	0.2%	475	0.1%
DEA	62	0.2%	0	0.0%	9	0.0%	0	0.0%	54	0.2%	357	0.1%
Medicare/Medicaid Exclusion**	2,460	9.3%	11,545	31.7%	2,965	10.7%	2,842	10.6%	2,334	8.8%	32,260	9.4%
Total	**26,515**	**100.0%**	**36,475**	**100.0%**	**27,766**	**100.0%**	**26,934**	**100.0%**	**26,497**	**100.0%**	**344,508**	**100.0%**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* "Adverse Action Reports" are defined in footnote 1 on page 6 of this report.

** The large increase in the number of exclusion reports for 2000 reflects reports for practitioners other than physicians and dentists submitted to the NPDB for 2000 and previous years.

Table 2: Number of Reports Received and Percent Change by Report Type, Last Five Years
National Practitioner Data Bank (January 1, 1999 - December 31, 2003)

Report Type	1999		2000		2001		2002		2003	
	Number	% Change 1998-1999	Number	% Change 1999-2000	Number	% Change 2000-2001	Number	% Change 2001-2002	Number	% Change 2002-2003
Malpractice Payment Reports	**18,987**	**7.5%**	**19,390**	**2.1%**	**20,571**	**6.1%**	**18,975**	**-7.8%**	**19,007**	**0.2%**
Adverse Action Reports*	**7,528**	**-1.5%**	**17,085**	**127.0%**	**7,195**	**-57.9%**	**7,959**	**10.6%**	**7,490**	**-5.9%**
State Licensure	4,053	-6.7%	4,468	10.2%	3,158	-29.3%	4,095	29.7%	4,057	-0.9%
Clinical Privilege	935	10.0%	1,044	11.7%	1,030	-1.3%	977	-5.1%	999	2.3%
Professional Society Membership	18	-41.9%	28	55.6%	33	17.9%	45	36.4%	46	2.2%
DEA	62	10.7%	0	-100.0%	9	…	0	…	54	…
Medicare/Medicaid Exclusion**	2,460	4.1%	11,545	369.3%	2,965	-74.3%	2842	-4.1%	2,334	-17.9%
Total	**26,515**	**4.8%**	**36,475**	**37.6%**	**27,766**	**-23.9%**	**26,934**	**-3.0%**	**26,497**	**-1.6%**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

Percent changes that cannot be calculated because no reports were submitted for specified periods are indicated by "…"

* "Adverse Action Reports" are defined in footnote 1 on page 6 of this report.

** The large increase in the number of exclusion reports for 2000 reflects reports for practitioners other than physicians and dentists submitted to the NPDB for 2000 and previous years.

Table 3: Number, Percent Distribution, and Percent Change of Medical Malpractice Payment Reports by Practitioner Type, Last Five Years and Cumulative through 2003
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

Practitioner Type*	1999			2000			2001		
	Number	Percent	% Change 1998-1999	Number	Percent	% Change 1999-2000	Number	Percent	% Change 2000-2001
Physicians	15,093	79.5%	7.2%	15,551	80.2%	3.0%	16,655	86.0%	7.1%
Dentists	2,350	12.4%	0.1%	2,351	12.1%	0.0%	2,316	12.0%	-1.5%
Other Practitioners	1,544	8.1%	24.7%	1,488	7.7%	-3.6%	1,600	8.3%	7.5%
Total	**18,987**	**100.0%**	**7.5%**	**19,390**	**100.0%**	**2.1%**	**19,359**	**100.0%**	**-0.2%**

Practitioner Type*	2002			2003			Cumulative through 2003	
	Number	Percent	% Change 2001-2002	Number	Percent	% Change 2002-2003	Number	Percent
Physicians	15,284	80.5%	-8.2%	15,289	80.4%	0.0%	196,299	78.4%
Dentists	2,084	11.0%	-10.0%	2,246	11.8%	7.8%	33,716	13.5%
Other Practitioners	1,607	8.5%	0.4%	1,472	7.7%	-8.4%	20,294	8.1%
Total	**18,975**	**100.0%**	**-2.0%**	**19,007**	**100.0%**	**0.2%**	**250,309**	**100.0%**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents. The "Dentists" category includes dental residents. The "Other Practitioners" category includes other healthcare practitioners, non-healthcare professionals and non-specified professionals.

Table 4: Mean and Median Medical Malpractice Payment Amounts by Malpractice Reason, 2003 and Cumulative through 2003 - Physicians* National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

Malpractice Reason	2003 Only			Cumulative through 2003				
					Actual		Inflation-Adjusted	
	Number of Payments	Mean Payment	Median Payment	Number of Payments	Mean Payment	Median Payment	Mean Payment	Median Payment
Anesthesia Related	520	$369,253	$178,750	6,211	$255,856	$100,000	$294,519	$107,828
Diagnosis Related	5,488	$321,064	$199,000	67,091	$243,903	$130,000	$277,544	$151,681
Equipment or Product Related	32	$205,961	$62,500	720	$77,742	$19,563	$90,010	$22,705
IV or Blood Products Related	43	$169,115	$125,000	764	$168,536	$72,550	$197,969	$81,934
Medication Related	727	$243,894	$112,500	11,133	$163,514	$60,000	$189,101	$67,916
Monitoring Related	187	$274,013	$125,000	2,277	$221,005	$93,750	$254,022	$107,828
Obstetrics Related	1,255	$475,880	$290,000	16,764	$377,305	$200,000	$434,359	$230,326
Surgery Related	4,178	$236,978	$125,000	53,588	$176,671	$85,000	$201,983	$100,000
Treatment Related	2,685	$256,355	$120,000	34,742	$190,855	$85,000	$218,538	$99,850
Miscellaneous	174	$203,162	$40,000	2,889	$102,389	$25,000	$120,205	$30,733
Total	**15,289**	**$294,814**	**$160,000**	**196,179**	**$220,106**	**$100,000**	**$251,784**	**$118,203**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded. Cumulative totals exclude 120 medical malpractice payment reports that are missing data necessary to calculate payment or malpractice reason.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

Table 5: Mean and Median Delay Between Incident and Payment by Malpractice Reason, 2003 and Cumulative through 2003 - Physicians*
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

Malpractice Reason	2003 Only			Cumulative through 2003		
	Number of Payments	Mean Delay Between Incident and Payment (Years)	Median Delay Between Incident and Payment (Years)	Number of Payments	Mean Delay Between Incident and Payment (Years)	Median Delay Between Incident and Payment (Years)
Anesthesia Related	520	3.67	3.30	6,183	3.71	3.22
Diagnosis Related	5,475	4.82	4.28	66,770	4.82	4.22
Equipment or Product Related	32	4.28	3.36	713	6.48	3.76
IV or Blood Products Related	43	4.28	3.57	761	5.36	4.19
Medication Related	725	4.32	3.68	11,039	5.24	3.77
Monitoring Related	187	4.57	4.12	2,267	5.07	4.14
Obstetrics Related	1,254	5.66	4.74	16,684	6.18	4.92
Surgery Related	4,166	4.17	3.76	53,376	4.27	3.71
Treatment Related	2,671	4.57	4.04	34,567	4.73	4.00
Miscellaneous	173	4.21	3.41	2,852	4.84	3.70
Total	**15,246**	**4.59**	**4.05**	**195,212**	**4.77**	**4.02**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded. Medical malpractice payment reports which are missing data necessary to calculate payment delay or malpractice reason (43 reports for 2003 and 1,087 reports cumulatively) are excluded.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

Table 6: Number of Medical Malpractice Payment Reports by Malpractice Reason - Nurses (Registered Nurses, Nurse Anesthetists, Nurse Midwives, Nurse Practitioners, and Advanced Practice Nurse/Clinical Nurse Specialists) National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

Malpractice Reason	RN (Professional) Nurse	Nurse Anesthetist	Nurse Midwife	Nurse Practitioner	Advanced Practice Nurse/ Clinical Nurse Specialist*	Total
Anesthesia Related	105	794	1	5	1	906
Diagnosis Related	186	15	34	136	0	371
Equipment or Product Related	46	4	0	2	0	52
IV or Blood Products Related	146	13	0	2	0	161
Medication Related	475	24	2	41	1	543
Monitoring Related	570	7	9	9	0	595
Obstetrics Related	299	8	318	17	0	642
Surgery Related	301	48	7	5	1	362
Treatment Related	564	26	28	77	5	700
Miscellaneous	166	5	1	8	0	180
Total	**2,858**	**944**	**400**	**302**	**8**	**4,512**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded. Medical malpractice payment reports which are missing data necessary to determine the malpractice reason (8 reports for RNs) are excluded.

* Reporting using the "Advanced Nurse Practitioner" category began on March 5, 2002. The "Advanced Nurse Practitioner" category was changed to "Clinical Nurse Specialist" on September 9, 2002. Prior to March 5, 2002, these nurses were included in the "RN (Professional Nurse)" category.

Table 7: Mean and Median Medical Malpractice Payment Amounts by Malpractice Reason, 2003 and Cumulative through 2003- Nurses (Registered Nurses, Nurse Anesthetists, Nurse Midwives, Nurse Practitioners, and Advanced Practice Nurses/Clinical Nurse Specialists)
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

Malpractice Reason	2003 Only			Cumulative through 2003				
				Actual			Inflation-Adjusted	
	Number of Payments	Mean Payment	Median Payment	Number of Payments	Mean Payment	Median Payment	Mean Payment	Median Payment
Anesthesia Related	52	$527,821	$213,750	906	$250,326	$100,000	$290,304	$113,097
Diagnosis Related	50	$238,916	$142,000	371	$297,189	$125,000	$339,726	$140,000
Equipment or Product Related	6	$95,167	$96,250	52	$174,168	$40,000	$210,014	$42,081
IV or Blood Products Related	14	$107,313	$61,250	161	$193,616	$65,000	$227,513	$74,567
Medication Related	61	$181,162	$100,000	543	$238,702	$53,687	$271,220	$64,360
Monitoring Related	50	$427,466	$110,000	595	$314,999	$99,000	$356,661	$104,156
Obstetrics Related	74	$644,358	$281,750	642	$511,590	$214,665	$564,630	$249,813
Surgery Related	29	$129,138	$75,000	362	$155,197	$40,000	$176,772	$48,118
Treatment Related	86	$264,926	$67,500	700	$166,833	$50,000	$184,864	$59,102
Miscellaneous	17	$1,001,441	$82,500	180	$248,045	$40,000	$272,142	$47,281
Total	**439**	**$376,140**	**$132,500**	**4,512**	**$274,906**	**$85,000**	**$310,498**	**$99,075**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded. Medical malpractice payment reports which are missing data necessary to determine the malpractice reason (8 reports cumulatively) are excluded.

Table 8: Actual and Adjusted Medical Malpractice Payment Reports and Ratio of Adjusted Medical Malpractice Payment Reports by State - Physicians* and Nurses (Registered Nurses, Nurse Anesthetists, Nurse Midwives, Nurse Practitioners, and Advanced Nurse Practitioners/Clinical Nurse Specialists) National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

State	Number of Nurse Reports	Adjusted Number of Nurse Reports**	Adjusted Number of Physician Reports**	Ratio of Adjusted Physician Reports to Adjusted Nurse Reports	Ratio of Adjusted Nurse Reports to Adjusted Physician Reports
Alabama	66	66	798	12.09	0.08
Alaska	12	12	245	20.42	0.05
Arizona	69	69	3,086	44.72	0.02
Arkansas	33	33	925	28.03	0.04
California	179	179	20,562	114.87	0.01
Colorado	75	75	2,090	27.87	0.04
Connecticut	27	27	2,036	75.41	0.01
Delaware	9	9	498	55.33	0.02
District of Columbia	35	35	755	21.57	0.04
Florida**	353	353	13,498	38.24	0.03
Georgia	135	135	3,360	24.89	0.04
Hawaii	8	8	464	58.00	0.02
Idaho	29	29	1,546	53.31	0.02
Illinois	164	164	8,151	49.70	0.02
Indiana**	25	21	2,570	122.38	0.01
Iowa	23	23	1,564	68.00	0.01
Kansas**	70	50	1,456	29.12	0.03
Kentucky	53	53	2,133	40.25	0.02
Louisiana**	150	130	2,489	19.15	0.05
Maine	11	11	527	47.91	0.02
Maryland	85	85	3,163	37.21	0.03
Massachusetts	256	256	3,529	13.79	0.07
Michigan	105	105	10,403	99.08	0.01
Minnesota	29	29	1,493	51.48	0.02
Mississippi	48	48	1,506	31.38	0.03
Missouri	179	178	3,455	19.41	0.05
Montana	9	9	834	92.67	0.01
Nebraska**	39	37	756	20.43	0.05
Nevada	27	27	1,100	40.74	0.02
New Hampshire	36	36	728	20.22	0.05
New Jersey	562	562	7,762	13.81	0.07
New Mexico**	76	74	1,012	13.68	0.07
New York	254	254	25,072	98.71	0.01
North Carolina	76	76	2,929	38.54	0.03
North Dakota	6	6	326	54.33	0.02
Ohio	137	137	8,641	63.07	0.02
Oklahoma	63	63	1,363	21.63	0.05
Oregon	35	35	1,261	36.03	0.03
Pennsylvania**	140	124	11,655	93.99	0.01
Rhode Island	13	13	849	65.31	0.02
South Carolina**	30	28	1,220	43.57	0.02
South Dakota	13	13	313	24.08	0.04
Tennessee	110	110	2,292	20.84	0.05
Texas	399	399	13,717	34.38	0.03
Utah	22	22	1,371	62.32	0.02
Vermont	5	5	385	77.00	0.01
Virginia	74	74	2,784	37.62	0.03
Washington	72	72	3,184	44.22	0.02
West Virginia	38	38	1,928	50.74	0.02
Wisconsin**	35	35	1,325	37.86	0.03
Wyoming	9	9	352	39.11	0.03
Total* **	**4,520**	**4,451**	**186,350**	**41.87**	**0.02**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

** Adjusted columns exclude reports from State patient compensation funds and similar State funds which make payments in excess of amounts paid by a practitioner's primary malpractice carrier. Two reports are filed with the NPDB (one from the primary insurer and one from the fund) whenever a total malpractice settlement or award exceeds a maximum set by the State for the practitioner's primary malpractice carrier. The States marked with asterisks have or had these funds. Thus, the adjusted columns provide an approximate number of incidents resulting in payments rather than the number of payments. These funds occasionally make payments for practitioners practicing in other States at the time of a malpractice event. See the Annual Report narrative for additional details.

*** The total includes reports for American Samoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas (10 reports for nurses and 2,012 reports for physicians); additional reports that lack information about the State are also included (2 reports for nurses and 20 reports for physicians).

Table 9: Mean and Median Medical Malpractice Payment Amounts by Malpractice Reason, 2003 and Cumulative - Physician Assistants
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

Malpractice Reason	2003 Only			Cumulative through 2003				
				Actual			Inflation-Adjusted	
	Number of Payments	Mean Payment	Median Payment	Number of Payments	Mean Payment	Median Payment	Mean Payment	Median Payment
Anesthesia Related	3	$83,333	$50,000	6	$112,148	$50,000	$114,373	$50,000
Diagnosis Related	76	$330,902	$199,110	446	$184,774	$95,000	$197,833	$100,000
IV or Blood Products Related	2	$154,375	$154,375	2	$154,375	$154,375	$154,375	$154,375
Medication Related	8	$80,736	$21,250	61	$102,296	$25,000	$111,141	$30,336
Monitoring Related	1	$175,000	$175,000	8	$135,299	$115,000	$152,363	$121,824
Obstetrics Related	2	$82,500	$82,500	4	$260,000	$125,000	$285,486	$126,860
Surgery Related	5	$70,417	$75,000	37	$61,837	$35,000	$71,255	$35,000
Treatment Related	18	$154,661	$142,500	185	$88,308	$25,000	$97,980	$30,335
Miscellaneous	3	$599,967	$450,000	28	$117,979	$50,000	$122,447	$54,784
Total	**119**	**$266,382**	**$125,000**	**777**	**$146,309**	**$68,750**	**$157,735**	**$72,909**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded. There are no reports for physician assistants in the "Equipment or Product Related" category.

Table 10: Actual and Adjusted Medical Malpractice Payment Reports and Ratio of Adjusted Medical Practitioner Type, Cumulative through 2003
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

State	Physicians*		Dentists*		Ratio of Adjusted Physician Reports to Adjusted Dentist Reports	Ratio of Adjusted Dentist Reports to Adjusted Physician Reports
	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**		
Alabama	807	798	162	162	4.93	0.20
Alaska	245	245	68	67	3.66	0.27
Arizona	3,103	3,086	500	500	6.17	0.16
Arkansas	933	925	141	141	6.56	0.15
California	20,589	20,562	6,870	6,870	2.99	0.33
Colorado	2,108	2,090	405	405	5.16	0.19
Connecticut	2,040	2,036	503	503	4.05	0.25
Delaware	511	498	57	57	8.74	0.11
District of Columbia	758	755	125	125	5.72	0.17
Florida**	13,557	13,498	1,694	1,694	7.97	0.13
Georgia	3,374	3,360	626	626	5.37	0.19
Hawaii	464	464	114	114	4.07	0.25
Idaho	405	403	59	59	6.83	0.15
Illinois	8,166	8,151	1,317	1,317	6.19	0.16
Indiana**	3,894	2,570	372	346	7.43	0.13
Iowa	1,567	1,564	191	191	8.19	0.12
Kansas**	2,174	1,456	224	222	6.56	0.15
Kentucky	2,150	2,133	332	332	6.42	0.16
Louisiana**	3,542	2,489	370	349	7.13	0.14
Maine	528	527	100	100	5.27	0.19
Maryland	3,168	3,163	766	766	4.13	0.24
Massachusetts	3,537	3,529	900	900	3.92	0.26
Michigan	10,412	10,403	1,499	1,499	6.94	0.14
Minnesota	1,505	1,493	296	296	5.04	0.20
Mississippi	1,511	1,506	133	132	11.41	0.09
Missouri	3,558	3,455	510	510	6.77	0.15
Montana	836	834	78	78	10.69	0.09
Nebraska**	908	756	127	127	5.95	0.17
Nevada	1,102	1,100	154	154	7.14	0.14
New Hampshire	728	728	148	148	4.92	0.20
New Jersey	7,831	7,762	1,156	1,156	6.71	0.15
New Mexico**	1,286	1,012	172	172	5.88	0.17
New York	25,100	25,072	3,949	3,949	6.35	0.16
North Carolina	2,960	2,929	268	268	10.93	0.09
North Dakota	330	326	33	33	9.88	0.10
Ohio	8,659	8,641	1,124	1,124	7.69	0.13
Oklahoma	1,383	1,363	342	342	3.99	0.25
Oregon	1,264	1,261	256	256	4.93	0.20
Pennsylvania**	16,954	11,655	2,182	2,182	5.34	0.19
Rhode Island	851	849	117	117	7.26	0.14
South Carolina**	1,514	1,220	134	129	9.46	0.11
South Dakota	314	313	56	56	5.59	0.18
Tennessee	2,305	2,292	307	307	7.47	0.13
Texas	13,751	13,717	1,894	1,894	7.24	0.14
Utah	1,373	1,371	467	467	2.94	0.34
Vermont	386	385	78	78	4.94	0.20
Virginia	2,794	2,784	482	482	5.78	0.17
Washington	3,191	3,184	1,122	1,122	2.84	0.35
West Virginia	1,931	1,928	151	151	12.77	0.08
Wisconsin**	1,555	1,325	441	441	3.00	0.33
Wyoming	353	352	36	36	9.78	0.10
Total* **	**196,299**	**186,350**	**33,716**	**33,660**	**5.54**	**0.18**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents. The "Dentists" category includes dental residents.

** Adjusted columns exclude reports from State patient compensation and similar State funds which make payments in excess of amounts paid by a practitioner's primary malpractice carrier. When payments are made by these funds, two reports are filed with the NPDB (one from the primary insurer and one from the fund) whenever a total malpractice settlement or award exceeds a maximum set by the State for the practitioner's primary malpractice carrier. The States marked with double asterisks have or had these funds. Thus, the adjusted columns provide an approximation of the number of incidents resulting in payments rather than the number of payments. These funds occasionally make payments for practitioners practicing in other States at the time of a malpractice event. See the Annual Report narrative for additional details.

*** The total includes reports for American Samoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas (2,014 reports for physicians and 103 reports for dentists); an additional 25 reports (20 reports for physicians and 5 reports for dentists) that lack information about the State are also included in the total.

**Table 11: Number of Medical Malpractice Payment Reports by State, Last Five Years - Physicians*
National Practitioner Data Bank (January 1, 1999 - December 31, 2003)**

State	1999		2000		2001		2002		2003	
	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**
Alabama	43	39	83	82	75	75	78	76	57	57
Alaska	20	20	17	17	20	20	20	20	19	19
Arizona	221	221	265	263	298	296	274	271	318	317
Arkansas	69	68	69	69	83	82	95	94	73	72
California	1,491	1,488	1,396	1,396	1,459	1,457	1,382	1,378	1,361	1,358
Colorado	147	147	144	143	136	134	179	179	179	177
Connecticut	155	155	167	167	172	170	178	178	226	226
Delaware	24	23	31	30	52	52	56	51	66	65
District of Columbia	55	55	62	62	76	76	62	60	46	46
Florida**	1,051	1,047	1,226	1,223	1,300	1,291	1,268	1,262	1,361	1,351
Georgia	268	265	275	274	272	272	282	281	329	327
Hawaii	41	41	40	40	41	41	35	35	49	49
Idaho	34	34	33	33	30	30	29	28	39	38
Illinois	550	549	590	589	528	527	491	489	503	501
Indiana**	288	179	286	168	323	217	156	155	434	191
Iowa	73	72	121	121	145	144	134	134	124	124
Kansas**	183	122	187	122	162	112	158	108	151	96
Kentucky	153	153	187	186	186	185	265	263	221	218
Louisiana**	312	189	294	188	305	208	320	200	294	187
Maine	47	47	65	65	39	39	37	37	39	38
Maryland	238	237	248	248	281	281	297	297	316	316
Massachusetts	253	252	324	323	340	338	228	228	258	256
Michigan	750	750	661	659	798	797	759	757	584	583
Minnesota	84	84	87	86	109	109	104	101	108	105
Mississippi	112	112	116	116	144	143	158	158	113	113
Missouri	284	280	200	196	297	287	259	257	230	221
Montana	93	93	67	67	69	69	64	64	62	62
Nebraska**	53	49	78	59	94	75	102	83	89	64
Nevada	82	82	116	116	90	89	122	123	112	112
New Hampshire	42	42	64	64	59	59	42	42	54	54
New Jersey	480	479	617	609	943	933	688	676	612	598
New Mexico**	105	73	108	89	110	89	69	69	76	74
New York	2,026	2,026	2,105	2,103	2,082	2,079	1,840	1,835	1,821	1,817
North Carolina	197	189	216	215	224	224	270	267	223	218
North Dakota	22	22	16	16	23	23	29	29	34	33
Ohio	876	874	846	846	674	674	535	532	589	586
Oklahoma	76	73	104	103	137	136	125	122	142	138
Oregon	84	84	81	81	87	87	111	110	129	128
Pennsylvania**	1,435	975	1,402	874	1,565	1,046	1,339	832	1,287	835
Rhode Island	67	67	67	67	59	59	55	55	75	74
South Carolina*	142	110	160	124	187	131	162	121	167	128
South Dakota	15	15	26	26	23	23	23	23	40	40
Tennessee	189	188	180	179	203	203	211	211	173	173
Texas	1,020	1,017	1,117	1,115	1,172	1,170	1,090	1,088	1,104	1,098
Utah	113	113	105	105	108	107	117	117	100	100
Vermont	33	33	23	23	24	24	19	19	27	26
Virginia	230	230	200	199	217	215	221	218	201	200
Washington	325	325	210	210	254	254	244	243	222	222
West Virginia	131	131	169	169	206	206	178	178	111	111
Wisconsin**	72	57	75	70	106	99	121	109	118	110
Wyoming	30	30	26	26	27	27	35	35	25	25
Total* **	**15,093**	**14,215**	**15,551**	**14,619**	**16,655**	**15,724**	**15,284**	**14,468**	**15,289**	**14,275**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

** Adjusted columns exclude reports from State patient compensation and similar State funds which make payments in excess of amounts paid by a practitioner's primary malpractice carrier. When payments are made by these funds, two reports are filed with the NPDB (one from the primary insurer and one from the fund) whenever a total malpractice settlement or award exceeds a maximum set by the State for the practitioner's primary malpractice carrier. The States marked with double asterisks have or had these funds. Thus, the adjusted columns provide an approximation of the number of incidents resulting in payments rather than the number of payments. These funds occasionally make payments for practitioners practicing in other States at the time of a malpractice event. See the Annual Report narrative for additional details.

*** The total includes reports for American Samoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas (210 reports in 1999, 199 reports in 2000, 241 reports in 2001, 168 reports in 2002, and 197 reports in 2003); one additional report (in 2003) that lacks information about the State is also included in the total.

Table 12: Number of Medical Malpractice Payment Reports by State, Last Five Years - Dentists*
National Practitioner Data Bank (January 1, 1999 - December 31, 2003)

State	1999		2000		2001		2002		2003	
	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**	Number of Reports	Adjusted Number of Reports**
Alabama	18	18	12	12	14	14	12	12	10	10
Alaska	3	2	7	7	7	7	2	2	8	8
Arizona	34	36	27	27	32	32	33	33	36	36
Arkansas	8	8	11	11	13	13	12	12	7	7
California	438	438	425	425	386	386	453	454	375	375
Colorado	34	34	21	21	24	24	24	24	28	28
Connecticut	26	26	36	36	20	20	21	21	42	42
Delaware	2	2	2	2	5	5	3	3	1	1
District of Columbia	8	8	8	8	8	8	4	4	7	7
Florida**	116	116	118	118	128	128	112	112	112	112
Georgia	151	151	93	93	34	34	57	57	37	37
Hawaii	13	13	15	15	7	7	3	3	6	6
Idaho	4	4	2	2	2	2	4	4	9	9
Illinois	101	101	68	68	79	79	84	84	48	48
Indiana**	22	19	12	11	15	15	14	14	14	14
Iowa	12	12	7	7	13	13	17	17	13	13
Kansas**	17	17	8	8	14	14	9	9	9	9
Kentucky	16	16	13	13	24	24	21	21	15	15
Louisiana**	25	23	21	18	24	19	18	17	30	25
Maine	7	7	8	8	5	5	7	7	7	7
Maryland	40	40	66	66	56	56	52	52	28	28
Massachusetts	89	89	92	92	42	42	59	60	54	54
Michigan	114	114	71	71	79	79	61	61	62	62
Minnesota	11	11	19	19	14	14	10	10	15	15
Mississippi	4	4	11	10	10	10	12	12	7	7
Missouri	44	44	23	23	30	30	21	21	12	12
Montana	5	5	3	3	4	4	7	7	2	2
Nebraska**	4	4	6	6	8	8	6	6	10	10
Nevada	10	10	8	8	17	17	26	26	16	16
New Hampshire	3	3	5	5	8	8	7	7	8	8
New Jersey	63	63	46	46	126	126	76	76	70	70
New Mexico**	9	9	13	13	19	19	16	16	12	12
New York	226	226	388	388	473	473	256	256	433	433
North Carolina	20	20	11	11	18	18	19	19	13	13
North Dakota	3	3	5	5	1	1	7	7	1	1
Ohio	77	77	85	85	53	53	56	56	51	51
Oklahoma	18	18	70	70	34	34	30	30	28	28
Oregon	11	11	44	44	25	25	14	14	14	14
Pennsylvania**	124	124	163	163	149	149	121	121	101	101
Rhode Island	12	12	7	7	8	8	4	4	4	4
South Carolina**	18	18	12	11	10	10	15	12	13	12
South Dakota	5	5	5	5	1	1	3	3	2	2
Tennessee	24	24	26	26	23	23	26	26	14	14
Texas	91	91	93	93	99	99	115	115	84	84
Utah	16	16	13	13	6	6	33	33	17	17
Vermont	2	2	7	7	4	4	8	8	6	6
Virginia	85	85	37	37	29	29	22	22	17	17
Washington	114	114	56	56	56	56	51	51	278	278
West Virginia	10	10	10	10	16	16	7	7	14	14
Wisconsin**	27	27	25	25	33	33	16	16	25	25
Wyoming	2	2	2	2	3	3	11	11	2	2
Total* **	**2,350**	**2,344**	**2,351**	**2,345**	**2,316**	**2,311**	**2,084**	**2,080**	**2,246**	**2,240**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

*The "Dentists" category includes dental residents.

** Adjusted columns exclude reports from State patient compensation and similar State funds which make payments in excess of amounts paid by a practitioner's primary malpractice carrier. When payments are made by these funds, two reports are filed with the NPDB (one from the primary insurer and one from the fund) whenever a total malpractice settlement or award exceeds a maximum set by the State for the practitioner's primary malpractice carrier. The States marked with asterisks have or had these funds. Thus, the adjusted columns provide an approximation of the number of incidents resulting in payments rather than the number of payments. These funds occasionally make payments for practitioners practicing in other States at the time of a malpractice event. See the Annual Report narrative for additional details.

*** The total includes reports for American Samoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas (12 reports in 1999, 15 reports in 2000, 8 reports in 2001, 7 reports in 2002, and 15 reports in 2003).

Table 13: Mean and Median Medical Malpractice Payment and Mean and Median Delay Between Incident and Payment by State, 2003 and Cumulative through 2003 - Physicians*
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

State	Payment Amounts						Delay Between Incident and Payment			
	2003 Only			Cumulative through 2003			2003 Only		Cumulative through 2003	
	Mean Payment	Median Payment	Rank of 2003 Median Payment***	Mean Payment	Median Payment	Rank of Cumulative Median Payment***	Mean Delay Between Incident and Payment (Years)	Median Delay Between Incident and Payment (Years)	Mean Delay Between Incident and Payment (Years)	Median Delay Between Incident and Payment (Years)
Alabama	$389,028	$149,900	35	$352,058	$150,000	5	4.23	4.33	4.30	3.98
Alaska	$314,513	$237,500	7	$234,519	$90,000	31	4.00	3.45	3.85	3.51
Arizona	$301,293	$167,841	23	$231,346	$100,000	21	3.79	3.45	3.83	3.34
Arkansas	$378,643	$162,500	25	$188,752	$100,000	21	4.19	3.61	3.49	3.08
California	$176,986	$60,000	50	$133,326	$49,000	51	2.98	2.54	3.33	2.78
Colorado	$243,632	$112,500	40	$184,534	$69,500	48	4.00	3.33	3.41	3.00
Connecticut	$483,502	$250,000	2	$367,476	$150,000	5	5.43	5.26	5.45	5.33
Delaware	$238,781	$212,500	10	$256,124	$115,000	18	4.57	4.32	4.51	4.14
District of Columbia	$416,409	$250,000	2	$409,858	$185,000	2	4.32	3.82	4.76	4.05
Florida**	$315,272	$195,000	18	$231,447	$145,000	9	3.87	3.48	3.98	3.44
Georgia	$370,072	$200,000	12	$301,955	$150,000	5	3.98	3.71	3.66	3.29
Hawaii	$499,300	$150,000	28	$276,446	$100,000	21	3.62	3.44	4.05	3.78
Idaho	$276,723	$200,000	12	$212,393	$62,500	49	4.55	3.96	3.52	3.07
Illinois	$499,197	$362,000	1	$334,507	$200,000	1	5.40	5.05	5.72	5.15
Indiana**	$295,708	$200,000	12	$168,841	$75,001	39	6.06	5.76	5.53	5.14
Iowa	$237,750	$152,500	27	$179,683	$75,000	40	3.73	3.18	3.27	3.08
Kansas**	$185,452	$162,500	25	$161,463	$109,500	20	3.86	3.39	4.00	3.31
Kentucky	$214,632	$95,000	46	$183,203	$75,000	40	3.95	3.38	4.08	3.43
Louisiana**	$180,794	$100,000	41	$144,178	$90,000	31	5.49	5.01	5.08	4.57
Maine	$254,131	$180,000	19	$255,993	$149,500	8	4.92	4.12	4.13	3.72
Maryland	$331,070	$200,000	12	$257,039	$137,500	12	4.18	4.03	4.63	4.20
Massachusetts	$409,321	$250,000	2	$312,096	$175,000	3	6.19	6.16	5.94	5.64
Michigan	$134,405	$95,000	46	$104,975	$71,722	46	4.57	3.92	4.34	3.61
Minnesota	$331,746	$100,000	41	$200,137	$75,000	40	3.80	3.54	3.21	2.83
Mississippi	$273,715	$150,000	28	$209,892	$100,000	21	4.40	3.93	4.13	3.50
Missouri	$252,833	$150,000	28	$217,991	$100,000	21	4.39	4.12	4.47	3.87
Montana	$346,396	$200,000	12	$170,829	$70,000	47	3.98	3.82	4.26	3.81
Nebraska**	$192,058	$180,000	19	$137,295	$82,917	36	4.34	3.81	3.95	3.51
Nevada	$377,439	$165,000	24	$274,648	$118,750	17	4.87	4.82	4.45	4.15
New Hampshire	$248,806	$250,000	2	$256,780	$144,500	10	4.65	4.19	4.79	4.19
New Jersey	$326,101	$225,000	8	$267,132	$137,500	12	5.78	5.24	6.11	5.11
New Mexico**	$149,847	$100,000	41	$141,061	$100,000	21	3.87	3.42	3.82	3.36
New York	$387,228	$212,500	10	$278,599	$140,000	11	6.01	5.34	6.85	5.96
North Carolina	$331,776	$175,000	21	$259,683	$115,000	18	4.30	3.80	3.79	3.41
North Dakota	$195,812	$70,000	49	$179,450	$77,500	38	3.05	3.09	3.39	3.14
Ohio	$344,650	$175,000	21	$235,056	$100,000	21	4.21	3.58	4.45	3.56
Oklahoma	$347,800	$150,000	28	$254,499	$85,000	34	4.38	4.12	3.88	3.30
Oregon	$314,668	$137,500	37	$211,658	$85,000	34	3.33	3.16	3.42	3.01
Pennsylvania**	$306,538	$240,000	6	$230,953	$175,000	3	5.73	5.10	5.94	5.50
Rhode Island	$333,387	$150,000	28	$268,530	$120,000	15	6.04	5.74	6.15	5.84
South Carolina**	$250,062	$100,000	41	$190,961	$100,000	21	4.37	4.24	4.57	4.11
South Dakota	$259,597	$127,500	38	$211,073	$75,000	40	3.70	3.00	3.52	3.08
Tennessee	$269,737	$150,000	28	$221,435	$90,000	31	4.01	3.29	3.73	3.23
Texas	$229,314	$150,000	28	$192,118	$100,000	21	3.55.	3.34	3.85	3.42
Utah	$125,099	$50,000	51	$157,512	$50,000	50	3.75	3.38	3.57	3.30
Vermont	$137,444	$80,000	48	$144,383	$73,500	45	4.28	4.34	4.35	4.18
Virginia	$306,413	$200,000	12	$209,295	$120,000	15	3.88	3.36	3.81	3.26
Washington	$269,730	$125,000	39	$212,297	$78,000	37	4.07	3.57	4.29	3.66
West Virginia	$322,646	$217,500	9	$216,466	$95,000	30	4.24	3.60	5.33	4.14
Wisconsin**	$257,536	$147,500	36	$326,989	$133,516	14	4.60	4.34	4.80	4.20
Wyoming	$203,155	$100,000	41	$169,235	$75,000	40	3.46	3.31	3.20	3.00
Total**	**$294,814**	**$160,000**		**$220,080**	**$100,000**		**4.59**	**4.05**	**4.77**	**4.02**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

** These data are not adjusted for payments by State compensation funds and other similar funds. Mean and median payments for States with payments made by these funds understate the actual mean and median amounts received by claimants. Payments made by these funds may also affect mean and median delay times between incidents and payments. States with these funds are marked with an asterisk.

*** One is the highest amount; 51 is lowest amount.

**** The total includes reports for American Samoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas (197 reports in 2003 and 2,013 reports cumulatively for payment amount and 1,987 reports cumulatively for delay between incident and payment); also included in the total are additional reports that lack information about the State (1 report in 2003 and 20 reports cumulatively for payment amount and 18 reports cumulatively for delay between incident and payment.

Table 14: Number, Percent Distribution, and Percent Change of Adverse Action and Medicare/Medicaid Exclusion Reports by Practitioner Type, Last Five Years and Cumulative through 2003
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

Report Type	1999			2000			2001			2002			2003			Cumulative through 2003	
	Number	Percent	% Change 1998-1999	Number	Percent	% Change 1999-2000	Number	Percent	% Change 2000-2001	Number	Percent	% Change 2001-2002	Number	Percent	% Change 2002-2003	Number	Percent
State Licensure Total	**4,053**	**53.8%**	**-6.7%**	**4,468**	**26.2%**	**10.2%**	**3,158**	**43.9%**	**-29.3%**	**4,095**	**51.5%**	**29.7%**	**4,057**	**54.2%**	**-0.9%**	**48,643**	**51.6%**
Physicians*	3,165	42.0%	-9.4%	3,442	20.1%	8.8%	2,586	35.9%	-24.9%	3,428	43.1%	32.6%	3,410	45.5%	-0.5%	39,173	41.6%
Dentists*	859	11.4%	1.3%	1,026	6.0%	19.4%	572	7.9%	-44.2%	667	8.4%	16.6%	647	8.6%	-3.0%	9,441	10.0%
Other Pracitioners*	29	0.4%	0.0%	0	0.0%	…	0	0.0%	…	0	0.0%	…	0	0.0%	…	29	0.0%
Clinical Privilege Total	**935**	**12.4%**	**10.0%**	**1,044**	**6.1%**	**11.7%**	**1,030**	**14.3%**	**-1.3%**	**977**	**12.3%**	**-5.1%**	**999**	**13.3%**	**2.3%**	**12,464**	**13.2%**
Physicians*	877	11.6%	10.6%	963	5.6%	9.8%	957	13.3%	-0.6%	919	11.5%	-4.0%	934	12.5%	1.6%	11,825	12.6%
Dentists*	20	0.3%	-16.7%	24	0.1%	20.0%	37	0.5%	54.2%	19	0.2%	-48.6%	21	0.3%	10.5%	234	0.2%
Other Practitioners*	38	0.5%	15.2%	57	0.3%	50.0%	36	0.5%	-36.8%	39	0.5%	8.3%	44	0.6%	12.8%	405	0.4%
Professional Society Membership Total	**18**	**0.2%**	**-41.9%**	**26**	**0.2%**	**44.4%**	**33**	**0.5%**	**26.9%**	**45**	**0.6%**	**36.4%**	**46**	**0.6%**	**2.2%**	**475**	**0.5%**
Physicians*	18	0.2%	-40.0%	26	0.2%	44.4%	23	0.3%	-11.5%	38	0.5%	65.2%	46	0.6%	21.1%	431	0.5%
Dentists*	0	0.0%	-100.0%	2	0.0%	…	9	0.1%	…	6	0.1%	0.0%	0	0.0%	…	40	0.0%
Other Practitioners*	0	0.0%	…	0	0.0%	…	1	0.0%	…	1	0.0%	0.0%	0	0.0%	-100.0%	4	0.0%
DEA Total	**62**	**0.8%**	**…**	**0**	**0.0%**	**-100.0%**	**9**	**0.1%**	**…**	**0**	**0.0%**	…	**54**	**0.7%**	**…**	**357**	**0.4%**
Physicians*	55	0.7%	…	0	0.0%	-100.0%	9	0.1%	…	0	0.0%	…	46	0.6%	…	338	0.4%
Dentists*	6	0.1%	…	0	0.0%	…	0	0.0%	…	0	0.0%	…	5	0.1%	…	15	0.0%
Other Practitioners*	1	0.0%	…	0	0.0%	…	0	0.0%	…	0	0.0%	…	3	0.0%	…	4	0.0%
Medicare/Medicaid Exclusion Total**	**2,460**	**32.7%**	**…**	**11,545**	**67.6%**	**369.3%**	**2,965**	**41.2%**	**-74.3%**	**2,842**	**35.7%**	**-4.1%**	**2,334**	**31.2%**	**-17.9%**	**32,260**	**34.2%**
Physicians*	493	6.5%	…	2,266	13.3%	359.6%	578	8.0%	-74.5%	413	5.2%	-28.5%	224	3.0%	-45.8%	6,841	7.3%
Dentists*	174	2.3%	…	663	3.9%	281.0%	169	2.3%	-74.5%	130	1.6%	-23.1%	83	1.1%	-36.2%	2,184	2.3%
Other Practitioners*	1,793	23.8%	…	8,616	50.4%	380.5%	2,218	30.8%	-74.3%	2,299	28.9%	3.7%	2,027	27.1%	-11.8%	23,235	24.7%
Total	**7,528**	**100.0%**	**-1.5%**	**17,083**	**100.0%**	**126.9%**	**7,195**	**100.0%**	**-57.9%**	**7,959**	**100.0%**	**10.6%**	**7,490**	**100.0%**	**-5.9%**	**94,199**	**100.0%**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded. Percent changes that cannot be calculated because no reports were submitted during one of the specified years are indicated by "…"

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents. The "Other Practitioners" category includes other healthcare practitioners, non-healthcare professionals and non-specified professionals.

** Medicare/Medicaid Exclusions were first reported during 1997. Reports that year include exclusion actions taken in previous years if the practitioner had not been reinstated. Exclusion reports for non-healthcare practitioners are being removed from the NPDB.

Table 15: Currently Active Registered Non-Federal Hospitals That Have Never Reported to the National Practitioner Data Bank by State*
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

State	Number of Hospitals with "Active" NPDB Registrations	Number of "Active" Hospitals that Have Never Reported	Percent of Hospitals that Have Never Reported
Alabama	126	82	65.1%
Alaska	18	10	55.6%
Arizona	82	38	46.3%
Arkansas	100	58	58.0%
California	464	182	39.2%
Colorado	77	44	57.1%
Connecticut	43	15	34.9%
Delaware	10	3	30.0%
District of Columbia	15	5	37.5%
Florida	244	130	53.3%
Georgia	190	87	45.8%
Hawaii	27	15	55.6%
Idaho	46	28	60.9%
Illinois	222	95	42.8%
Indiana	148	76	51.4%
Iowa	120	81	67.5%
Kansas	153	108	70.6%
Kentucky	120	69	57.5%
Louisiana	214	160	74.8%
Maine	42	20	47.6%
Maryland	71	31	43.7%
Massachusetts	112	56	50.0%
Michigan	172	73	42.4%
Minnesota	139	97	69.8%
Mississippi	109	72	66.1%
Missouri	142	73	51.4%
Montana	52	36	69.2%
Nebraska	91	62	68.1%
Nevada	45	29	64.4%
New Hampshire	30	9	30.0%
New Jersey	107	33	30.8%
New Mexico	47	27	57.4%
New York	266	93	35.0%
North Carolina	138	72	52.2%
North Dakota	50	36	72.0%
Ohio	213	92	43.2%
Oklahoma	151	102	67.5%
Oregon	65	24	36.9%
Pennsylvania	265	125	47.2%
Rhode Island	15	4	26.7%
South Carolina	76	40	52.6%
South Dakota	58	46	79.3%
Tennessee	151	91	60.3%
Texas	526	342	65.0%
Utah	48	19	39.6%
Vermont	17	7	41.2%
Virginia	113	53	46.9%
Washington	91	37	40.7%
West Virginia	65	31	47.7%
Wisconsin	142	90	63.4%
Wyoming	25	17	68.0%
Total**	**6,096**	**3,254**	**53.4%**

* "Currently active" registered hospitals are those listed by the NPDB as having active status registrations on December 31, 2003. Non-federal hospitals are hospitals not owned and operated by the federal government.

** The total includes hospitals in American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and U.S. Virgin Islands (43 hospitals with active registrations, 29 hospitals which have never reported).

Table 16: Clinical Privilege Reports and Ratio of Adverse Clinical Privilege Reports to Adverse In-State Licensure Reports by State - Physicians*
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

State	Number of Clinical Privilege Reports*	Number of Clinical Privilege Reports Adverse to the Practitioner**	Number of Licensure Reports Adverse to the Practitioner for In-State Physicians	Ratio of Clinical Privilege Reports Adverse to the Practitioner to In-State Licensure Reports Adverse to the Practitioner
Alabama	148	135	342	0.39
Alaska	22	20	88	0.23
Arizona	352	322	915	0.35
Arkansas	114	102	182	0.56
California	1,427	1,331	2,874	0.46
Colorado	221	212	830	0.26
Connecticut	82	79	355	0.22
Delaware	27	26	24	1.08
District of Columbia	41	37	38	0.83
Florida	611	561	1,345	0.42
Georgia	375	352	663	0.53
Hawaii	54	49	35	1.40
Idaho	55	46	67	0.69
Illinois	320	296	744	0.40
Indiana	262	239	179	1.34
Iowa	109	101	319	0.32
Kansas	187	176	169	1.04
Kentucky	156	147	508	0.29
Louisiana	161	146	387	0.38
Maine	55	52	133	0.39
Maryland	270	252	753	0.33
Massachusetts	407	365	562	0.65
Michigan	389	361	1,120	0.32
Minnesota	166	152	292	0.52
Mississippi	79	76	332	0.23
Missouri	206	191	489	0.39
Montana	52	46	91	0.51
Nebraska	101	94	72	1.31
Nevada	156	136	94	1.45
New Hampshire	62	57	99	0.58
New Jersey	354	320	865	0.37
New Mexico	67	62	64	0.97
New York	865	801	1,835	0.44
North Carolina	217	197	273	0.72
North Dakota	41	38	93	0.41
Ohio	531	494	1,570	0.31
Oklahoma	198	185	496	0.37
Oregon	143	134	451	0.30
Pennsylvania	443	412	560	0.74
Rhode Island	64	60	99	0.61
South Carolina	162	146	303	0.48
South Dakota	22	20	29	0.69
Tennessee	206	188	281	0.67
Texas	795	736	1,719	0.43
Utah	83	82	148	0.55
Vermont	38	32	84	0.38
Virginia	248	229	1,206	0.19
Washington	281	256	442	0.58
West Virginia	104	92	357	0.26
Wisconsin	200	177	229	0.77
Wyoming	25	24	43	0.56
Total* **	**11,825**	**10,906**	**25,259**	**0.43**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded. Clinical privilege reports were attributed to States based on the physician's reported work State. If work State was not included in a report, home State was used. Licensure reports were considered to be for In-State physicians if the State of the board taking a reported action was the same as the State of the clinical privileges action as described above.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

** "Clinical Privilege Reports" include truly adverse actions (e.g., revocations, probations, suspensions, reprimands, etc.) as well as reportable "adverse actions" which are not adverse to the practitioner (e.g., restorations and reinstatements). "Reports Adverse to the Practitioner" exclude restorations, reinstatements, etc.

*** The total includes reports for American Samoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas (46 clinical privileges reports; 22 adverse clinical privileges reports, and 11 adverese licensure reports); additional reports that lack information about the State are also included in the total (21 clinical privileges reports, 18 adverse clinical privileges reports).

Table 17: Cumulative Licensure Actions by State - Physicians*
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

State	Number of Licensure Actions*	Number of Licensure Actions Adverse to Practitioner**	Percent of Licensure Actions Adverse to Practitioner	Number of Licensure Actions Adverse to the Practitioner for In-State Physicians***	Percent of Licensure Actions Adverse to the Practitioner for In-State Physicians
Alabama	524	450	85.9%	342	76.0%
Alaska	156	143	91.7%	88	61.5%
Arizona	1,197	1,063	88.8%	915	86.1%
Arkansas	244	217	88.9%	182	83.9%
California	4,426	3,481	78.6%	2,874	82.6%
Colorado	1,093	989	90.5%	830	83.9%
Connecticut	467	448	95.9%	355	79.2%
Delaware	53	44	83.0%	24	54.5%
District of Columbia	160	151	88.0%	38	60.6%
Florida	1,850	1,591	86.0%	1,345	84.5%
Georgia	943	855	90.7%	663	77.5%
Hawaii	87	80	92.0%	35	43.8%
Idaho	127	109	85.8%	67	61.5%
Illinois	1,188	928	78.1%	744	80.2%
Indiana	352	300	85.2%	179	59.7%
Iowa	633	564	89.1%	319	56.6%
Kansas	243	204	84.0%	169	82.8%
Kentucky	753	643	85.4%	508	79.0%
Louisiana	592	493	83.3%	387	78.5%
Maine	212	189	89.2%	133	70.4%
Maryland	1,051	960	91.3%	753	78.4%
Massachusetts	766	726	94.8%	562	77.4%
Michigan	1,682	1,477	87.8%	1,120	75.8%
Minnesota	506	418	82.6%	292	69.9%
Mississippi	468	424	90.6%	332	78.3%
Missouri	805	754	93.7%	489	64.9%
Montana	141	130	92.2%	91	70.0%
Nebraska	106	102	96.2%	72	70.6%
Nevada	149	149	100.0%	94	63.1%
New Hampshire	130	125	96.2%	99	79.2%
New Jersey	1,483	1,276	86.0%	865	67.8%
New Mexico	78	77	98.7%	64	83.1%
New York	3,605	3,587	99.5%	1,835	51.2%
North Carolina	489	397	81.2%	273	68.8%
North Dakota	216	158	73.1%	93	58.9%
Ohio	2,498	2,039	81.6%	1,570	77.0%
Oklahoma	666	579	86.9%	496	85.7%
Oregon	528	492	93.2%	451	91.7%
Pennsylvania	1,237	1,165	94.2%	560	48.1%
Rhode Island	150	140	93.3%	99	70.7%
South Carolina	501	366	73.1%	303	82.8%
South Dakota	54	51	94.4%	29	56.9%
Tennessee	420	358	85.2%	281	78.5%
Texas	2,229	1,951	87.5%	1,719	88.1%
Utah	240	197	82.1%	148	75.1%
Vermont	141	133	94.3%	84	63.2%
Virginia	1,809	1,613	89.2%	1,206	74.8%
Washington	711	583	82.0%	442	75.8%
West Virginia	573	466	81.3%	357	76.6%
Wisconsin	357	310	86.8%	229	73.9%
Wyoming	71	66	93.0%	43	65.2%
Total	**39,160**	**34,211**	**87.4%**	**25,248**	**73.8%**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded. Licensure reports were attributed to States based on the State of the reporting licensing board.

* The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

** "Clinical Privilege Reports" include truly adverse actions (e.g., revocations, probations, suspensions, reprimands, etc.) as well as reportable "adverse actions" which are not adverse to the practitioner (e.g., restorations and reinstatements). "Reports Adverse to the Practitioner" exclude restorations, reinstatements, etc.

*** The total includes reports for American Samoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas (13 licensure actions, 13 adverse licensure actions, and 11 adverse licensure actions for in-State physicians). Licensure reports were considered to be for In-State physicians if the State of the board taking a reported action was the same as the reported work State of the physician. If work State was not included in a report, home State was used.

Table 18: Cumulative Licensure Actions by State - Dentists*
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

State	Number of Licensure Actions*	Number of Licensure Actions Adverse to Practitioner**	Percent of Licensure Actions Adverse to the Practitioner	Number of Licensure Actions Adverse to the Practitioner for In-State Dentists***	Percent of Licensure Actions Adverse to the Practitioner for In-State Dentists
Alabama	111	110	99.1%	107	97.3%
Alaska	47	45	95.7%	42	93.3%
Arizona	632	630	99.7%	608	96.5%
Arkansas	41	36	87.8%	36	100.0%
California	455	450	98.9%	426	94.7%
Colorado	540	536	99.3%	494	92.2%
Connecticut	152	144	94.7%	135	93.8%
Delaware	2	2	100.0%	2	100.0%
District of Columbia	1	1	100.0%	1	100.0%
Florida	473	436	92.2%	418	95.9%
Georgia	181	181	100.0%	175	96.7%
Hawaii	7	7	100.0%	6	85.7%
Idaho	18	18	100.0%	17	94.4%
Illinois	474	341	71.9%	313	91.8%
Indiana	69	57	82.6%	48	84.2%
Iowa	182	175	96.2%	125	71.4%
Kansas	33	33	100.0%	31	93.9%
Kentucky	93	91	97.8%	88	96.7%
Louisiana	135	131	97.0%	128	97.7%
Maine	47	47	100.0%	43	91.5%
Maryland	239	192	80.3%	172	89.6%
Massachusetts	158	150	94.9%	136	90.7%
Michigan	502	447	89.0%	400	89.5%
Minnesota	193	150	77.7%	146	97.3%
Mississippi	58	57	98.3%	54	94.7%
Missouri	150	148	98.7%	128	86.5%
Montana	22	21	95.5%	18	85.7%
Nebraska	43	40	93.0%	31	77.5%
Nevada	31	28	90.3%	27	96.4%
New Hampshire	30	30	100.0%	28	93.3%
New Jersey	282	259	91.8%	247	95.4%
New Mexico	12	11	91.7%	10	90.9%
New York	510	507	99.4%	466	91.9%
North Carolina	283	276	97.5%	268	97.1%
North Dakota	2	2	100.0%	2	100.0%
Ohio	657	632	96.2%	619	97.9%
Oklahoma	97	96	99.0%	94	97.9%
Oregon	301	300	99.7%	280	93.3%
Pennsylvania	193	188	97.4%	142	75.5%
Rhode Island	15	15	100.0%	12	80.0%
South Carolina	86	85	98.8%	82	96.5%
South Dakota	3	3	100.0%	3	100.0%
Tennessee	153	140	91.5%	135	96.4%
Texas	388	384	99.0%	382	99.5%
Utah	91	71	78.0%	62	87.3%
Vermont	10	9	90.0%	6	66.7%
Virginia	781	744	95.3%	684	91.9%
Washington	267	254	95.1%	231	90.9%
West Virginia	19	18	94.7%	16	88.9%
Wisconsin	165	150	90.9%	137	91.3%
Wyoming	4	4	100.0%	4	100.0%
Total	**9,441**	**8,882**	**94.1%**	**8,265**	**93.1%**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded. Licensure reports were attributed to States based on the State of the reporting licensing board.

*The "Dentists" category includes dental residents.

** "Clinical Privilege Reports" include truly adverse actions (e.g., revocations, probations, suspensions, reprimands, etc.) as well as reportable "adverse actions" which are not adverse to the practitioner (e.g., restorations and reinstatements). "Reports Adverse to the Practitioner" exclude restorations, reinstatements, etc.

*** The total includes reports for American Samoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands, and Armed Forces locations overseas (2 licensure actions, 2 adverse licensure actions, and 2 adverse licensure actions for in-State physicians). Licensure reports were considered to be for In-State physicians if the State of the board taking a reported action was the same as the reported work State of the physician. If work State was not included in a report, home State was used.

Table 19: Relationship Between Frequency of Medical Malpractice Payment Reports, Adverse Action Reports,* and Medicare/Medicaid Exclusion Reports -- Physicians**
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

Number of Medical Malpractice Payment Reports	Number of Physicians with Specified Number of Malpractice Payment Reports	Number of Physicians with Specified Number of Medical Malpractice Payment Reports Also Having One or More Adverse Action Reports Other than Exclusions***		Number of Physicians with Specified Number of Medical Malpractice Payment Reports Also Having One or More Medicare/Medicaid Exclusion Reports	
		Number	Percent	Number	Percent
1	86,057	3,730	4.3%	658	0.8%
2	24,731	1,529	6.2%	266	1.1%
3	8,078	697	8.6%	136	1.7%
4	3,340	387	11.6%	52	1.6%
5	1,459	202	13.8%	38	2.6%
6	746	96	12.9%	25	3.4%
7	372	69	18.5%	17	4.6%
8	224	46	20.5%	9	4.0%
9	142	40	28.2%	4	2.8%
10 or More	388	125	32.2%	35	9.0%
Total	**125,537**	**6,921**	**5.5%**	**1,240**	**1.0%**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* "Adverse Action Reports" are as defined in footnote 1 on page 6 of this report, except that in this table Exclusion actions are reported separately from other adverse action reports.

** The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

*** For example, 86,057 physicians have one medical malpractice payment report in the NPDB; of these physicians, 3,730 have one or more adverse action reports (4.3%) and 82,327 (95.7%) have no adverse action reports, not including exclusion reports. Similarly, of the 86,057 physicians with one medical malpractice payment report, 658 (0.8%) have one exclusion report and 85,399 (99.2%) have no exclusion reports.

Table 20: Relationship Between Frequency of Adverse Action Reports*, Medical Malpractice Payment Reports, and Medicare/Medicaid Exclusion Reports -- Physicians**
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

Number of Adverse Action Reports for Each Physician	Number of Physicians with Specified Number of Adverse Action Reports (including Exclusions)*	Number of Physicians with Specified Number of Adverse Action Reports Having One or More Medical Malpractice Payment Reports***		Number of Physicians with Specified Number of Adverse Action Reports Having One or More Medicare/Medicaid Exclusion Reports	
		Number	Percent	Number	Percent
1	9,159	3,065	33.5%	882	9.6%
2	5,814	1,990	34.2%	1,562	26.9%
3	2,711	928	34.2%	933	34.4%
4	1,411	511	36.2%	583	41.3%
5	800	273	34.1%	348	43.5%
6	427	147	34.4%	207	48.5%
7	269	93	34.6%	143	53.2%
8	147	63	42.9%	71	48.3%
9	83	21	25.3%	50	60.2%
10 or More	163	68	41.7%	93	57.1%
Total	**20,984**	**7,159**	**34.1%**	**4,872**	**23.2%**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* "Adverse Action Reports" in this column are as defined in footnote 1 on page 6 of this report. This definition includes Medicare/Medicaid Exclusion Actions, which are also counted separately in the last column.

** The "Physicians" category includes allopathic (M.D.) physicians, allopathic interns and residents, osteopathic (D.O.) physicians, and osteopathic interns and residents.

*** For example, 9,159 physicians have one adverse action report in the NPDB; of these physicians, 3,065 have one or more medical malpractice payment reports (33.5%) and 6,0904 (66.5%) have no medical malpractice payment reports. Similarly, of the 9159 physicians with one adverse action report, 882 (9.6%) have one exclusion report and 8,277 (91.4%) have no exclusion reports. Note that for the 882 physicians with one adverse action report and one exclusion report, the exclusion report is their only adverse action report.

Table 21: Practitioners with Reports
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

Practitioner Type	Number of Practitioners with Reports	Number of Reports*	Reports per Practitioner
Acupuncturists	73	76	1.04
Audiologists	27	29	1.07
Chiropractors	5,899	7,639	1.29
Counselors	504	577	1.14
Dental Assistants, Technicians, Hygienists	24	25	1.04
Dentists and Dental Residents	27,793	45,166	1.63
Denturists	10	10	1.00
Dieticians	7	7	1.00
Emergency Medical Practitioners	112	117	1.04
Facility Administrators	23	25	1.09
Homeopaths and Naturopaths	11	11	1.00
Medical Assistants	26	26	1.00
Nurses and Nursing-related Practitioners	16,339	18,165	1.11
Occupational Therapists and Related Practitioners	56	57	1.02
Optical-related Practitioners	559	672	1.20
Pharmacists and Pharmacy Assistants	2,270	2,588	1.14
Physical Therapists and Related Practitioners	729	769	1.05
Physician Assistants	882	1,006	1.14
Physicians (M.D., D.O. and Interns and Residents)	141,971	255,942	1.80
Podiatrists and Podiatric-related Practitioners	3,795	6,469	1.70
Prosthetists	5	5	1.00
Psychiatric Technicians and Aides	10	11	1.10
Psychology-related Practitioners	1,168	1,513	1.30
Respiratory Therapists and Related Practitioners	40	41	1.03
Social Workers	181	203	1.12
Speech and Language-related Practitioners	4	4	1.00
Technologists	159	164	1.03
Other Health Care Practitioners	1,229	1,278	1.04
Other Individuals**	1,519	1,595	1.05
Unspecified or Unknown	307	318	1.04
Total	**205,732**	**344,508**	**1.67**

This table includes only disclosable reports in the NPDB as of the end of the current year. Voided reports have been excluded.

* "Number of Reports" include medical malpractice payment reports, adverse licensure action reports, clinical privilege reports, professional society membership reports, Drug Enforcement Administration reports, and Medicare/Medicaid exclusion reports. Only physicians and dentists are reported for adverse licensure, clinical privilege, and professional society actions.

Table 22: Number, Percent, and Percent Change in Queries and Queries Matched, Last Five Years and Cumulative through 2003
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

Query Type	1999	2000	2001	2002	2003	Cumulative
ENTITY QUERIES*						
Total Entity Queries	3,221,017	3,291,610	3,231,086	3,254,506	3,214,081	32,009,879
Queries Percent Increase/Decrease from Previous Year	2.1%	2.2%	-1.8%	0.7%	-1.2%	n/a
Matched Queries	401,198	416,559	428,440	439,793	440,830	3,595,255
Percent Matched	12.5%	12.7%	13.3%	13.5%	13.7%	11.2%
Matches Percent Increase/Decrease from Previous Year	7.3%	3.8%	2.9%	2.6%	0.2%	n/a
SELF-QUERIES						
Total Practitioner Self Queries	38,773	33,248	36,608	37,804	42,214	455,989
Self-Queries Percent Increase/Decrease From Previous Year	-19.7%	-14.2%	10.1%	3.3%	11.7%	n/a
Matched Self-Queries	3,405	2,743	3,293	3,763	4,174	38,104
Self-Queries Percent Matched	8.8%	8.3%	9.0%	10.0%	9.9%	8.4%
Matches Percent Increase/Decrease from Previous Year	-20.7%	-19.4%	20.1%	14.3%	10.9%	n/a
TOTAL QUERIES (ENTITY AND SELF)	**3,259,790**	**3,324,858**	**3,267,694**	**3,292,310**	**3,256,295**	**32,465,868**
TOTAL MATCHED (ENTITY AND SELF)	**404,603**	**419,302**	**431,733**	**443,556**	**445,004**	**3,633,359**
TOTAL PERCENT MATCHED (ENTITY AND SELF)	**12.4%**	**12.6%**	**13.2%**	**13.5%**	**13.7%**	**11.2%**

* "Entity queries" include practitioner self-queries submitted electronically by entities for practitioners in 1999 and 2000.

Table 23: Queries by Type of Querying Entity, Last Five Years and Cumulative through 2003
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

Entity Type*	1999			2000			2001		
	Number of Querying Entities	Number of Queries**	Percent of Queries	Number of Querying Entities	Number of Queries**	Percent of Queries	Number of Querying Entities	Number of Queries**	Percent of Queries
Required Queriers									
Hospitals	5,774	1,096,070	34.0%	5,790	1,118,357	34.0%	5,770	1,116,522	34.6%
Voluntary Queriers									
State Licensing Board	61	11,345	0.4%	78	11,352	0.3%	79	16,066	0.5%
Managed Care Organizations	1,226	1,612,944	50.1%	1,189	1,689,125	51.3%	1,124	1,628,775	50.4%
Professional Societies	86	11,354	0.4%	81	9,504	0.3%	77	7,938	0.2%
Other Health Care Entities	2,846	489,304	15.2%	3,145	463,272	14.1%	3,415	461,785	14.3%
Total Voluntary Queriers	**4,219**	**2,124,947**	**66.0%**	**4,493**	**2,173,253**	**66.0%**	**4,695**	**2,114,564**	**65.4%**
Total**	**9,993**	**3,221,017**	**100.0%**	**10,283**	**3,291,610**	**100.0%**	**10,465**	**3,231,086**	**100.0%**

Entity Type*	2002			2003			Cumulative through 2003		
	Number of Querying Entities	Number of Queries**	Percent of Queries	Number of Querying Entities	Number of Queries**	Percent of Queries	Number of Querying Entities	Number of Queries**	Percent of Queries
Required Queriers									
Hospitals	5,818	1,118,273	34.4%	5,861	1,137,673	35.4%	7,816	12,916,124	40.4%
Voluntary Queriers									
State Licensing Board	79	17,826	0.5%	88	15,028	0.5%	157	144,171	0.5%
Managed Care Organizations	1,037	1,626,464	50.0%	967	1,542,313	48.0%	2,021	14,599,083	45.6%
Professional Societies	76	7,220	0.2%	74	8,874	0.3%	208	94,010	0.3%
Other Health Care Entities	3,822	484,723	14.9%	4,444	510,193	15.9%	7,289	4,256,509	13.3%
Total Voluntary Queriers	**5,014**	**2,136,233**	**65.6%**	**5,573**	**2,076,408**	**64.6%**	**9,675**	**19,093,773**	**59.6%**
Total**	**10,832**	**3,254,506**	**100.0%**	**11,434**	**3,214,081**	**100.0%**	**17,491**	**32,009,897**	**100.0%**

* "Entity Type" is based on how an entity was registered on the last day of 2003 and may be different from previous years. Thus, the number of queriers for each entity type also may vary slightly from previous years.

Table 24: Number of Entity Queries and Matched Entity Queries by Practitioner/Subject Type
National Practitioner Data Bank, 2003

Practitioner/Subject Type	Number of Entity Queries, 2003	Percent of Total Entity Queries	Number of Entity Queries Matched, 2003	Percent of Entity Queries Matched
Accountant	13	0.0%	2	15.4%
Acupuncturist	2,673	0.1%	52	1.9%
Adult Care Facility Administrator *(see note 1)*	37	0.0%	5	13.5%
Allopathic Physician Intern/Resident	11,929	0.4%	758	6.4%
Allopathic Physician	2,141,298	66.6%	363,963	17.0%
Art/Recreation Therapist	77	0.0%	1	1.3%
Athletic Trainer *(see note 1)*	90	0.0%	0	0.0%
Audiologists	4,333	0.1%	14	0.3%
Bookkeepers *(see note 1)*	2	0.0%	0	0.0%
Business Manager *(see note 1)*	1	0.0%	0	0.0%
Business Owner *(see note 1)*	1	0.0%	0	0.0%
Chiropractor	61,252	1.9%	3,749	6.1%
Clinical Nurse Specialist *(see note 2)*	1,071	0.0%	3	0.3%
Corporate Officer *(see note 1)*	1	0.0%	0	0.0%
Cytotechnologist *(see note 1)*	16	0.0%	0	0.0%
Dental Assistant	1,549	0.0%	6	0.4%
Dental Hygienist	528	0.0%	3	0.6%
Dental Resident	243	0.0%	18	7.4%
Dentist	182,761	5.7%	28,740	15.7%
Denturist	49	0.0%	8	16.3%
Dietician	1,899	0.1%	2	0.1%
EMT, Basic	92	0.0%	1	1.1%
EMT, Cardiac/Critical Care	14	0.0%	0	0.0%
EMT, Intermediate	17	0.0%	1	0.0%
EMT, Paramedic	136	0.0%	2	1.5%
Home Health Aide (Homemaker)	16	0.0%	3	0.0%
Homeopath	18	0.0%	0	0.0%
Hospital Administrator *(see note 1)*	9	0.0%	1	0.0%
Insurance Broker *(see note 1)*	1	0.0%	0	0.0%
Insurance Agent *(see note 1)*	5	0.0%	0	0.0%
Long Term Care Facility Administrator *(see note 1)*	3	0.0%	0	0.0%
LPN or Vocational Nurse	3,815	0.1%	8	0.2%
Marriage and Family Therapist *(see note 2)*	9,336	0.3%	42	0.4%
Massage Therapist	2,517	0.1%	6	0.2%
Medical Assistant	1,082	0.0%	3	0.3%
Medical Technologist	865	0.0%	8	0.9%
Mental Health Counselor	15,067	0.5%	35	0.2%
Midwife, Lay (Non-Nurse)	241	0.0%	8	3.3%
Naturopath	548	0.0%	6	1.1%
Nuclear Med. Technologist	67	0.0%	1	1.5%
Nurse Anesthetist	26,627	0.8%	811	3.0%
Nurse Midwife	8,061	0.3%	331	4.1%
Nurse Practitioner	51,138	1.6%	290	0.6%

Practitioner/Subject Type (continued)	Number of Entity Queries, 2003	Percent of Total Entity Queries	Number of Entity Queries Matched, 2003	Percent of Entity Queries Matched
Nurses Aide	357	0.0%	0	0.0%
Nutritionist	306	0.0%	0	0.0%
Occupational Therapy Assistant	157	0.0%	1	0.6%
Occupational Therapist	9,086	0.3%	13	0.1%
Ocularist	54	0.0%	2	3.7%
Optician	566	0.0%	5	0.9%
Optometrist	60,571	1.9%	625	1.0%
Orthotics/Prosthetics Fitter	650	0.0%	6	0.9%
Osteopathic Physician Intern/Resident	1,327	0.0%	67	5.0%
Osteopathic Physician	125,791	3.9%	24,072	19.1%
Other Health Care Practitioner, Not Classified *(see note 1)*	8,771	0.3%	170	1.9%
Other Non-Practitioner Occupation, Not Classified *(see note 1)*	1,705	0.1%	30	1.8%
Perfusionist *(see note 1)*	1,138	0.0%	1	0.1%
Pharmacist	2,696	0.1%	32	1.2%
Pharmacist, Nuclear	16	0.0%	3	18.8%
Pharmacy Assistant	595	0.0%	12	2.0%
Pharmacy Intern *(see Note 2)*	17	0.0%	0	0.0%
Pharmacy Technician *(see note 2)*	167	0.0%	15	9.0%
Physician Assistant, Allopathic	49,687	1.5%	628	1.3%
Physician Assistant, Osteopathic	1,880	0.1%	24	1.3%
Physical Therapy Assistant	414	0.0%	0	0.0%
Physical Therapist	49,623	1.5%	342	0.7%
Podiatric Assistant	314	0.0%	13	4.1%
Podiatrist	57,548	1.8%	11,434	19.9%
Professional Counselor, Substance Abuse	741	0.0%	3	0.4%
Professional Counselor, Alcohol	1,122	0.0%	1	0.1%
Professional Counselor, Family/Marriage *(see note 2)*	8,112	0.3%	42	0.5%
Professional Counselor	29,716	0.9%	59	0.2%
Psychiatric Technicians	226	0.0%	9	4.0%
Psychological Assistant, Associate, Examiner *(see note 2)*	332	0.0%	3	0.9%
Psychologist	76,345	2.4%	605	0.8%
Radiation Therapy Technologist	126	0.0%	0	0.0%
Radiologic Technologists	807	0.0%	15	1.9%
Rehabilitation Therapist	479	0.0%	0	0.0%
Researcher, Clinical *(see note 1)*	142	0.0%	0	0.0%
Respiratory Therapy Technician	72	0.0%	0	0.0%
Respiratory Therapist	370	0.0%	0	0.0%
RN (Professional) Nurses	53,474	1.7%	447	0.8%
Salesperson *(see note 1)*	4	0.0%	0	0.0%
School Psychologist *(see note 2)*	84	0.0%	1	1.2%
Social Worker, Clinical	92,725	2.9%	99	0.1%
Speech/Language Pathologist	5,848	0.2%	2	0.0%
Unspecified	40,535	1.3%	3,200	7.9%
Total	3,214,194	**100.0%**	440,862	**13.7%**

Note 1: Category first available for reporting and querying on November 22, 1999.
Note 2: Category first availabale for reporting and queryng on September 9, 2002.

Table 25: Self Queries and Self-Queries Matched with Reports by Practitioner Type* (National Practitioner Data Bank, July 1, 2003 Through December 31, 2003)

Practitioner Type	Number of Self-Queries Processed Against NPDB Reports	Percent of Total Self-Queries	Number of Self-Queries that Matched At Least One NPDB Report	Percent of Self Queries Matched with NPDB Reports
Acupuncturist	10	0.1%	0	0.0%
Adult Care Facility Administrator *(see note 1)*	3	0.0%	0	0.0%
Allopathic Physician Intern/Resident	2,157	11.6%	6	0.3%
Allopathic Physician	11,479	61.7%	1,698	14.8%
Art/Recreation Therapist	2	0.0%	0	0.0%
Athletic Trainer *(see note 1)*	2	0.0%	0	0.0%
Audiologists	2	0.0%	0	0.0%
Business Manager *(see note 1)*	1	0.0%	0	0.0%
Business Owner *(see note 1)*	2	0.0%	0	0.0%
Chiropractor	97	0.5%	7	7.2%
Clinical Nurse Specialist *(see note 2)*	2	0.0%	0	0.0%
Dental Assistant	6	0.0%	0	0.0%
Dental Hygienist	213	1.1%	0	0.0%
Dental Resident	14	0.1%	0	0.0%
Dentist	901	4.8%	114	12.7%
Dietician	9	0.0%	0	0.0%
EMT, Basic	3	0.0%	0	0.0%
EMT, Intermediate	2	0.0%	0	0.0%
EMT, Paramedic	13	0.1%	0	0.0%
Hospital Administrator (see note 1)	1	0.0%	0	0.0%
Long Term Care Facility Administrator *(see note 1)*	1	0.0%	0	0.0%
LPN or Vocational Nurse	14	0.1%	0	0.0%
Marriage and Family Therapist *(see note 2)*	47	0.3%	0	0.0%
Massage Therapist	1	0.0%	0	0.0%
Medical Assistant	10	0.1%	0	0.0%
Mental Health Counselor	186	1.0%	1	0.5%
Naturopath	2	0.0%	0	0.0%
Nurse Anesthetist	101	0.5%	5	5.0%
Nurse Midwife	18	0.1%	1	5.6%
Nurse Practitioner	167	0.9%	1	0.6%
Nurses Aide	3	0.0%	0	0.0%
Occupational Therapist	11	0.1%	0	0.0%
Optometrist	75	0.4%	0	0.0%
Osteopathic Physician Intern/Resident	255	1.4%	6	2.4%
Osteopathic Physician	936	5.0%	158	16.9%
Other Health Care Practitioner, Not Classified *(see note 1)*	8	0.0%	0	0.0%
Other Non-Practitioner Occupation, Not Classified *(see note 1)*	66	0.4%	2	3.0%
Pharmacist	40	0.2%	0	0.0%
Pharmacy Intern *(see Note 2)*	3	0.0%	1	33.3%
Pharmacy Technician *(see note 2)*	4	0.0%	0	0.0%
Physician Assistant, Allopathic	270	1.5%	5	1.9%
Physician Assistant, Osteopathic	20	0.1%	0	0.0%
Physical Therapy Assistant	2	0.0%	0	0.0%
Physical Therapist	48	0.3%	1	2.1%
Podiatrist	64	0.3%	12	18.8%
Professional Counselor, Substance Abuse	217	1.2%	0	0.0%
Professional Counselor, Alcohol	37	0.2%	0	0.0%
Professional Counselor, Family/Marriage *(see note 2)*	12	0.1%	0	0.0%
Professional Counselor	292	1.6%	0	0.0%
Psychiatric Technicians	1	0.0%	0	0.0%
Psychological Assistant, Associate, Examiner *(see note 2)*	3	0.0%	0	0.0%
Psychologist	69	0.4%	1	1.4%
Radiologic Technologists	3	0.0%	1	33.3%
Researcher, Clinical *(see note 1)*	1	0.0%	0	0.0%
Respiratory Therapy Technician	16	0.1%	0	0.0%
Respiratory Therapist	77	0.4%	0	0.0%
RN (Professional) Nurses	145	0.8%	3	2.1%
School Psychologist *(see note 2)*	1	0.0%	0	0.0%
Social Worker, Clinical	444	2.4%	1	0.2%
Speech/Language Pathologist	2	0.0%	0	0.0%
Total	**18,591**	**100.0%**	**2,024**	**10.9%**

Note 1: Category first available for reporting and querying on November 22, 1999.

Note 2: Category first availabale for reporting and queryng on September 9, 2002.

Table 26: Entities That Have Queried or Reported to the National Practitioner Data Bank National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

Entity Type	Active Status Registration on December 31, 2003	Active Registration Status At Any Time
Hospitals	6,347	7,831
State Licensing Boards	154	196
Managed Care Organizations	1,339	2,064
Professional Societies	128	220
Other Health Care Entities	5,840	7,357
Medical Malpractice Payers	381	767
Total	**14,189**	**18,435**

The counts shown in this table are based on entity registrations. A few entities have registered more than once. Thus, the entity counts shown in this table may be slightly exaggerated. Entities that report both clinical privileges actions and medical malpractice payments (e.g., hospitals and HMOs) are instructed to register as health care entities, not malpractice payers, and are not double counted if they registered only once.

Table 27: Requests for Secretarial Review by Report Type, Last Five Years and Cumulative
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

Category	1999			2000			2001		
	Number	Percent	% Change 1998-1999	Number	Percent	% Change 1999-2000	Number	Percent	% Change 2000-2001
Adverse Actions	**78**	**67.8%**	**34.5%**	**74**	**58.3%**	**-5.1%**	**58**	**66.7%**	**-21.6%**
			--						
State Licensure Actions	31	39.7%	**55.0%**	23	31.1%	-34.8%	17	29.3%	-26.1%
Clinical Privilege Actions	46	59.0%	**21.1%**	39	52.7%	-17.9%	31	53.4%	-20.5%
Professional Society Actions	1	1.3%	**--**	2	2.7%	0.0%	1	1.7%	0.0%
Medicare/Medicaid Exclusions	0	0.0%	**--**	10	13.5%	0.0%	9	15.5%	0.0%
Medical Malpractice Payments	37	32.2%	**-26.0%**	53	41.7%	30.2%	29	33.3%	-45.3%
Total	**115**	**100.0%**	**6.5%**	**127**	**100.0%**	**9.4%**	**87**	**100.0%**	**-31.5%**

Category	2002			2003			Cumulative	
	Number	Percent	% Change 2001-2002	Number	Percent	% Change 2002-2003	Number	Percent
Adverse Actions	**83**	**70.3%**	**43.1%**	**49**	**92.5%**	**-41.0%**	**1030**	**62.96%**
State Licensure Actions	17	20.5%	0.0%	10	20.4%	-41.2%	319	31.0%
Clinical Privilege Actions	57	68.7%	83.9%	36	73.5%	-36.8%	663	64.4%
Professional Society Actions	0	0.0%	-100.0%	2	4.1%	--	18	1.7%
Medicare/Medicaid Exclusions	9	10.8%	0.0%	1	2.0%	-88.9%	30	2.9%
Medical Malpractice Payments	35	29.7%	20.7%	4	7.5%	-88.6%	606	37.0%
Total	**118**	**100.0%**	**35.6%**	**53**	**100.0%**	**-55.1%**	**1,636**	**100.0%**

Table 28: Distribution of Requests for Secretarial Review by Type of Outcome, Last Five Years and Cumulative National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

Outcome	1999			2000			2001		
	Number	Percent	Percent of Resolved Requests	Number	Percent	Percent of Resolved Requests	Number	Percent	Percent of Resolved Requests
Request Closed by Intervening Action	14	12.2%	12.2%	13	10.2%	10.3%	5	5.7%	5.8%
Request Closed: Practitioner Did Not Pursue Review*	2	1.7%	1.7%	0	0.0%	0.0%	0	0.0%	0.0%
Request Outside Scope of Review (No Change in Report)	34	29.6%	29.6%	72	56.7%	57.1%	51	58.6%	59.3%
Secretary Changes Report	0	0.0%	0.0%	1	0.8%	0.8%	2	2.3%	2.3%
Secretary Maintains Report as Submitted	56	48.7%	48.7%	35	27.6%	27.8%	26	29.9%	30.2%
Secretary Voids Report	9	7.8%	7.8%	5	3.9%	4.0%	2	2.3%	2.3%
Unresolved as of December 31, 2003	0	0.0%	n/a	1	0.8%	0.8%	1	1.1%	n/a
Total	**115**	**100.0%**	**100.0%**	**127**	**100.0%**	**100.0%**	**87**	**100.0%**	**100.0%**

Outcome	2002			2003			Cumulative		
	Number	Percent	Percent of Resolved Requests	Number	Percent	Percent of Resolved Requests	Number	Percent	Percent of Resolved Requests
Request Closed by Intervening Action	12	10.2%	11.1%	9	17.0%	20.9%	104	6.4%	6.4%
Request Closed: Practitioner Did Not Pursue Review*	1	0.8%	0.9%	1	1.9%	-1.9%	43	2.6%	2.7%
Request Outside Scope of Review (No Change in Report)	38	32.2%	35.2%	9	17.0%	20.9%	655	40.0%	40.6%
Secretary Changes Report	0	0.0%	0.0%	0	0.0%	0.0%	18	1.1%	1.1%
Secretary Maintains Report as Submitted	53	44.9%	49.1%	24	45.3%	55.8%	652	39.9%	40.4%
Secretary Voids Report	4	3.4%	3.7%	0	0.0%	0.0%	142	8.7%	8.8%
Unresolved as of December 31, 2003	10	8.5%	n/a	10	18.9%	n/a	22	1.3%	n/a
Total	**118**	**100.0%**	**100.0%**	**53**	**100.0%**	**100.0%**	**1,636**	**100.0%**	**100.0%**

This table shows, as of December 31, 2003, the outcomes of Secretarial Review requests based on the date of the requests for review. For undated requests, the date they were received by the Division of Practitioner Data Banks was used.

* "Request Closed: Practitioner Did Not Pursue Review" refers to cases which were closed because (1) the practitioner withdrew the request for Secretarial Review or (2) failed to submit required documentation after the case was elevated to Secretarial Review status. If the required documentation was not submitted prior to being elevated to Secretarial Review status, the case is not included in this table.

Table 29: Cumulative Resolved Requests for Secretarial Review by Report Type and Outcome Type
National Practitioner Data Bank (September 1, 1990 - December 31, 2003)

Outcome	Malpractice Payments		Licensure Actions		Clinical Privileges Actions	
	Number	Percent of Requests	Number	Percent of Requests	Number	Percent of Requests
Request Closed by Intervening Action	32	5.3%	27	8.5%	42	6.3%
Request Closed: Practitioner Did Not Pursue Review*	16	2.6%	11	3.5%	15	2.2%
Request Outside Scope of Review (No Change in Report)	349	57.6%	75	23.7%	207	31.0%
Secretary Changes Report	6	1.0%	8	2.5%	3	0.4%
Secretary Maintains Report as Submitted	171	28.2%	152	48.1%	315	47.2%
Secretary Voids Report	31	5.1%	40	12.7%	68	10.2%
Unresolved as of December 31, 2003	1	0.2%	3	0.9%	17	2.5%
Total	**606**	**100.0%**	**316**	**100.0%**	**667**	**100.0%**

Outcome	Professional Society Actions		Medicare/Medicaid Exclusions		Total	
	Number	Percent of Requests	Number	Percent of Requests	Number	Percent of Requests
Request Closed by Intervening Action	3	16.7%	0	0.0%	104	6.36%
Request Closed: Practitioner Did Not Pursue Review*	1	5.6%	0	0.0%	43	2.63%
Request Outside Scope of Review (No Change in Report)	5	27.8%	19	65.5%	655	40.04%
Secretary Changes Report	0	0.0%	1	3.4%	18	1.10%
Secretary Maintains Report as Submitted	6	33.3%	8	27.6%	652	39.85%
Secretary Voids Report	3	16.7%	0	0.0%	142	8.68%
Unresolved as of December 31, 2003	0	0.0%	1	3.4%	22	1.34%
Total	**18**	**100.0%**	**29**	**100.0%**	**1,636**	**100.0%**

This table represents the outcomes of Secretarial Review requests based on the date of the requests. For undated requests, the date they were received by the Division of Practitioner Data Banks was used.

* "Request Closed: Practitioner Did Not Pursue Review" refers to cases which were closed because (1) the practitioner withdrew the request for Secretarial Review or (2) failed to submit required documentation after the case was elevated to Secretarial Review status. If the required documentation was not submitted prior to being elevated to Secretarial Review status, the case is not included in this table.